# Doc 1 Filed 11/02/17 Entered 11/02/17 10:32:05 Desc Main Document Page 1 of 66 United States Bankruptcy Court Northern District of New York, Utica Division Case 17-61421-6-dd

IN RE:		Case No
Saide, Boulos G. & Saide, Charle	ene R.	Chapter 7
	Debtor(s)	•
	VERIFICATION OF CREDITOR N	MATRIX
The above named debtor(s) here	by verify(ies) that the attached matrix listing c	reditors is true to the best of my(our) knowledge.
Date: November 2, 2017	Signature: /s/ Boulos G. Saide	
	Boulos G. Saide	Debtor
Date: November 2, 2017	Signature: /s/ Charlene R. Saide	
Date. 11010	Charlene R. Saide	Joint Debtor, if any

Albany Medical Center PO Box 1189 Albany, NY 12201-1189

Barclays Bank Delaware 100 S West St Wilmington, DE 19801-5015

Barclays Bank Delaware PO Box 8803 Wilmington, DE 19899-8803

Capital One Attn: Bankruptcy PO Box 30253 Salt Lake City, UT 84130-0253

Capital One Bank USA 15000 Capital One Dr Richmond, VA 23238-1119

Capital One NA Attn: General Correspondence/Bankruptcy PO Box 30285 Salt Lake City, UT 84130-0285

Capital One National PO Box 26625 Richmond, VA 23261-6625 Carrington Mortgage SE 1600 S Douglass Rd Ste 2 Anaheim, CA 92806-5948

Carrington Mortgage Service. LLC PO Box 3489 Anaheim, CA 92803-3489

Chase Card Attn: Correspondence Dept PO Box 15298 Wilmington, DE 19850-5298

Chase Card PO Box 15298 Wilmington, DE 19850-5298

Credit One Bank NA PO Box 98875 Las Vegas, NV 89193-8875

Credit One Bank NA PO Box 98873 Las Vegas, NV 89193-8873

Daniel DiCaterino 519 Midline Rd Amsterdam, NY 12010-6245 Dept of Ed/582/Nelnet Attn: Claims/Bankruptcy PO Box 82505 Lincoln, NE 68501-2505

Dept of Education/Neln 121 S 13th St Lincoln, NE 68508-1904

Elan Financial Service PO Box 108 Saint Louis, MO 63166-0108

First Premier Bank 601 S Minnesota Ave Sioux Falls, SD 57104-4824

Fst Premier 601 S Minnesota Ave Sioux Falls, SD 57104-4824

Johnstown Water Department 27 E Main St Johnstown, NY 12095-2630

Lending Club Corp 71 Stevenson St Ste 300 San Francisco, CA 94105-2985 Lendingclub Corporat
71 Stevenson St Ste 300
San Francisco, CA 94105-2985

Midland Credit Management, Inc. 2365 Northside Dr Ste 300 San Diego, CA 92108-2709

National Grid 300 Erie Blvd W Syracuse, NY 13202-4201

Nationstar Mortgage LLC Attn: Bankruptcy 8950 Cypress Waters Blvd Coppell, TX 75019-4620

Nationstar/mr. Cooper 350 Highland Dr Lewisville, TX 75067-4177

Overton Russell Doerr 19 Halfmoon Executive Pa Clifton Park, NY 12065

Peebles PO Box 659465 San Antonio, TX 78265-9465 Syncb/lowes PO Box 965005 Orlando, FL 32896-5005

Syncb/paypal Smart Con PO Box 965005 Orlando, FL 32896-5005

Synchrony Bank/Lowes Attn: Bankruptcy PO Box 965060 Orlando, FL 32896-5060

Synchrony Bank/Paypal Cr Attn: Bankruptcy PO Box 965060 Orlando, FL 32896-5060

Td Bank USA/Targetcred PO Box 673 Minneapolis, MN 55440-0673

Tnb-Visa (TV) / Target C/O Financial & Retail Services Mailstop PO Box 9475 Minneapolis, MN 55440-9475

US Dept of Ed/Glelsi PO Box 7860 Madison, WI 53707-7860 US Dept of Ed/Great Lakes Higher Educati Attn: Bankruptcy 2401 International Ln Madison, WI 53704-3121

Wells Fargo Hm Mortgag 8480 Stagecoach Cir Frederick, MD 21701-4747  $_{B201B\;(Form 208)}17.761421\text{-}6\text{-}dd$ 

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Document Page 8 of 66 United States Bankruptcy Court

## Northern District of New York, Utica Division

IN RE:		Case No.
Saide, Boulos G. & Saide, Charlene R.		Chapter 7
Debtor(s)		
CERTIFICATION OF NO UNDER § 342(b) O	OTICE TO CONSUMER OF THE BANKRUPTCY (	* *
Certificate of [Non-Atto	orney] Bankruptcy Petition	n Preparer
I, the [non-attorney] bankruptcy petition preparer signing the notice, as required by § 342(b) of the Bankruptcy Code.	e debtor's petition, hereby cert	ify that I delivered to the debtor the attached
Printed Name and title, if any, of Bankruptcy Petition Prepar Address:		Social Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person, or partner of the bankruptcy petition preparer.)
X		(Required by 11 U.S.C. § 110.)
Signature of Bankruptcy Petition Preparer of officer, princip partner whose Social Security number is provided above.	pal, responsible person, or	
Certif	icate of the Debtor	
I (We), the debtor(s), affirm that I (we) have received and re	ad the attached notice, as requ	ired by § 342(b) of the Bankruptcy Code.
Saide, Boulos G. & Saide, Charlene R.	X /s/ Boulos G. Said	de 11/02/2017
Printed Name(s) of Debtor(s)	Signature of Debto	r Date
Case No. (if known)	X /s/ Charlene R. Sa	nide 11/02/2017
	Signature of Joint	Debtor (if any) Date

Instructions: Attach a copy of Form B 201A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) only if the certification has NOT been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

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Fill in this infor	mation to identify your case:		
Debtor 1	Boulos G. Saide First Name Middle Name	Last Name	
Debtor 2	Charlene R. Saide		
(Spouse if, filing)	First Name Middle Name	Last Name	
United States Ba	ankruptcy Court for the: NORTHERN DIS	STRICT OF NEW YORK, UTICA DIVISION	
Case number			
(if known)			☐ Check if this is an amended filing
Official Fo			_
<u>Stateme</u>	nt of Intention for Indi	viduals Filing Under Chapte	er 7 12/15
you have leady you must file the whiched the for and date.	ever is earlier, unless the court extends them eople are filing together in a joint case, boote the form.		reditors and lessors you list on rmation. Both debtors must sign
Part 1: List Y	our Creditors Who Have Secured Claims		
	tors that you listed in Part 1 of Schedule D	c: Creditors Who Have Claims Secured by Property (	Official Form 106D), fill in the
	reditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
	Carrington Mortgage Service. LLC	☐ Surrender the property.	□ No
name:		Retain the property and redeem it.	■ Yes
Description of	f 31 N Main St, Broadalbin, NY	Retain the property and enter into a Reaffirmation Agreement.	<b>–</b> 163
property securing debt	12025-2162	☐ Retain the property and [explain]:	_
Creditor's	Nationstar Mortgage LLC	Surrender the property.	■ No
name:		Retain the property and redeem it.	
Description of property securing debt	12010-3335	<ul><li>☐ Retain the property and enter into a Reaffirmation Agreement.</li><li>☐ Retain the property and [explain]:</li></ul>	☐ Yes -
Creditor's \	Wells Fargo Hm Mortgag	■ O manufacture in the control of t	■ M.
name:	Tons I argo i ini Mortgag	Surrender the property.	No
Description of	f 119 W Fulton St, Johnstown,	<ul> <li>☐ Retain the property and redeem it.</li> <li>☐ Retain the property and enter into a Reaffirmation Agreement.</li> </ul>	☐ Yes
property	NY 12095-1703	Retain the property and [explain]:	

Official Form 108

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Debtor 1 Debtor 2 Saide, Boulos G. & Saide, Charlene R.	Case number (if known)
securing debt:	
	Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in d leases are leases that are still in effect; the lease period has not yet ended. You see does not assume it. 11 U.S.C. § 365(p)(2).
Describe your unexpired personal property leases	Will the lease be assumed?
Lessor's name: Description of leased Property:	□ No □ Yes
Lessor's name: Description of leased Property:	□ No □ Yes
Lessor's name: Description of leased Property:	□ No □ Yes
Lessor's name: Description of leased Property:	□ No □ Yes
Lessor's name: Description of leased Property:	□ No □ Yes
Lessor's name: Description of leased Property:	□ No □ Yes
Lessor's name: Description of leased Property:	□ No
Part 3: Sign Below  Under penalty of perjury, I declare that I have indicated my interproperty that is subject to an unexpired lease.	tention about any property of my estate that secures a debt and any personal
X /s/ Boulos G. Saide Boulos G. Saide Signature of Debtor 1	X /s/ Charlene R. Saide Charlene R. Saide Signature of Debtor 2
Date November 2, 2017	Date November 2, 2017

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Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
NORTHERN DISTRICT OF NEW YORK, UTICA DIVISION		
Case number (if known)	Chapter you are filing under:	
	Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	Check if this an amended filing

## Official Form 101

## Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1:	Identify Yourself		
			About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	You	r full name		
	your pictu exan	e the name that is on government-issued ire identification (for nple, your driver's se or passport).	Boulos First name  G. Middle name	Charlene First name  R.  Middle name
	iden	g your picture tification to your meeting- the trustee.	Saide Last name and Suffix (Sr., Jr., II, III)	Saide Last name and Suffix (Sr., Jr., II, III)
2.		other names you have		
	Inclu	ide your married or den names.		
3.	youi num Indiv	vidual Taxpayer tification number	xxx-xx-3153	xxx-xx-1457

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Debtor 1 Debtor 2

Saide, Boulos G. & Saide, Charlene R.

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):	
4.	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names	■ I have not used any business name or EINs.  Business name(s)  EINs	■ I have not used any business name or EINs.  Business name(s)  EINs	
5.	Where you live	31 N Main St Broadalbin, NY 12025-2162 Number, Street, City, State & ZIP Code	If Debtor 2 lives at a different address:  Number, Street, City, State & ZIP Code	
		Fulton County  If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.  PO Box 429 Broadalbin, NY 12025-0429  Number, P.O. Box, Street, City, State & ZIP Code	County  If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.  Number, P.O. Box, Street, City, State & ZIP Code	
6.	Why you are choosing this district to file for bankruptcy	Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  I have another reason. Explain. (See 28 U.S.C. § 1408.)	Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  I have another reason. Explain. (See 28 U.S.C. § 1408.)	

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Debtor 1 Debtor 2

Saide, Boulos G. & Saide, Charlene R.

7.	The chapter of the Bankruptcy Code you are	Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.  Chapter 7						
	choosing to file under							
		☐ Cha	pter 11					
		☐ Cha	pter 12					
		☐ Cha	pter 13					
8.	How you will pay the fee	— al	bout how your attorned	pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a inted address.				
						sign and attach the Application for Individuals to Pa	ay The	
			Ü	Installments (Offic at my fee he waiv	,	only if you are filing for Chapter 7. By law, a judge m	av hutic	
		no yo	ot required to our family si	o, waive your fee, ze and you are un	and may do so only if your income	e is less than 150% of the official poverty line that ap If you choose this option, you must fill out the <i>App</i>	oplies to	
9. Have you filed for bankruptcy within the last 8 years?								
			District		When	Case number		
			District		When	Case number		
			District		When	Case number		
10.	Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	■ No □ Yes.						
	an anniate?		Debtor			Relationship to you		
			District		When	Case number, if known		
			Debtor	-		Relationship to you		
			District		When	Case number, if known		
11.	Do you rent your residence?	■ No.	Go to	line 12.				
	residence:	☐ Yes.	Has yo	our landlord obtain	ed an eviction judgment against yo	ou and do you want to stay in your residence?		
				No. Go to line 1	2.			
				Voc Fill out Initia	al Statement About an Eviction III	dgment Against You (Form 101A) and file it with th	vie	

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Debtor	1
Dobtor	2

Saide, Boulos G. & Saide, Charlene R.

12.	Are you a sole proprietor of any full- or part-time business?	■ No.	Go to Part 4.	
		☐ Yes.	Name and location	of business
	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.		Name of business, it	
	If you have more than one sole proprietorship, use a separate sheet and attach it		Number, Street, City	/, State & ZIP Code
	to this petition.		Check the approprie	ate box to describe your business:
			☐ Health Care	Business (as defined in 11 U.S.C. § 101(27A))
			☐ Single Asset	Real Estate (as defined in 11 U.S.C. § 101(51B))
				(as defined in 11 U.S.C. § 101(53A))
			☐ Commodity I	Broker (as defined in 11 U.S.C. § 101(6))
			☐ None of the	
	Bankruptcy Code and are you a small business debtor?  For a definition of small business debtor, see 11 U.S.C. § 101(51D).		116(1)(B). I am not filing under	and federal income tax return or if any of these documents do not exist, follow the procedure in 1.  Chapter 11.  apter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy
		☐ Yes.	I am filing under Ch	apter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.
Par	t 4: Report if You Own or	Have Any	Hazardous Property o	r Any Property That Needs Immediate Attention
14.	Do you own or have any property that poses or is alleged to pose a threat of	■ No.		
	imminent and identifiable hazard to public health or		What is the hazard?	
	satety? ()r do vou own		If immediate attention	is
	safety? Or do you own any property that needs immediate attention?		needed, why is it neede	

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Debtor 1 Debtor 2

Saide, Boulos G. & Saide, Charlene R.

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about

I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court. About Debtor 2 (Spouse Only in a Joint Case):

You must check one.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Dek	otor	1
Dak	tor	2

Saide, Boulos G. & Saide, Charlene R.

16.	What kind of debts do	16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C.§ 101(8) as "incurred by an							
	you have?		individual primarily for a personal, family, or household purpose."						
			☐ No. Go to line 16b.						
			Yes. Go to line 17.						
			Are your debts primarily bus for a business or investment or			ebts that you incurred to obtain money ss or investment.			
			☐ No. Go to line 16c.						
			☐ Yes. Go to line 17.						
		16c.	State the type of debts you owe	that are not consume	r debts or busir	ness debts			
17.	Are you filing under Chapter 7?	□ No.	I am not filing under Chapter 7	'. Go to line 18.					
	Do you estimate that after any exempt property is excluded and		I am filing under Chapter 7. Do paid that funds will be available			property is excluded and administrative expenses are			
	administrative expenses		No						
	are paid that funds will be available for distribution to unsecured creditors?		☐ Yes						
18.	How many Creditors do	<b>1</b> -49		<b>1</b> ,000-5,000		□ 25,001-50,000			
	you estimate that you owe?	□ 50-99		<u> </u>		50,001-100,000			
	one.	<u> </u>		<b>1</b> 0,001-25,00	00	☐ More than100,000			
		□ 200-99	9						
19.	How much do you	□ \$0 - \$5	50,000	□ \$1,000,001 -	\$10 million	□ \$500,000,001 - \$1 billion			
	estimate your assets to be worth?		1 - \$100,000		1 - \$50 million	☐ \$1,000,000,001 - \$10 billion			
	be worth.		01 - \$500,000	□ \$50,000,001					
		□ \$500,0	01 - \$1 million	□ \$100,000,00	1 - \$500 millior	n			
20.	How much do you	□ \$0 - \$5	50,000	□ \$1,000,001 -	\$10 million	□ \$500,000,001 - \$1 billion			
	estimate your liabilities to be?	\$50,00	01 - \$100,000	<u> </u> \$10,000,001					
	201		01 - \$500,000	□ \$50,000,001					
		□ \$500,0	01 - \$1 million	□ \$100,000,00	1 - \$500 millior	n			
Par	7: Sign Below								
For you		I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.							
		If I have constants	hosen to file under Chapter 7, I de. I understand the relief availa	I am aware that I may able under each chapte	proceed, if eliger, and I choose	igible, under Chapter 7, 11,12, or 13 of title 11, Un e to proceed under Chapter 7.			
		If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).							
		I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.							
		case can r			or obtaining money or property by fraud in connection with a bankrupto up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Charlene R. Saide				
		Boulos			Charlene R. Saide Signature of Debtor 2				
		Executed	November 2, 2017 MM / DD / YYYY		Executed on	November 2, 2017			

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Debtor 1 Debtor 2

Saide, Boulos G. & Saide, Charlene R.

Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Jason A. Brott	Date	November 2, 2017
Signature of Attorney for Debtor		MM / DD / YYYY
Jason A. Brott		
Printed name		
Brott Law Office, P.C.		
Firm name		
2 S Market St		
Johnstown, NY 12095-2319		
Number, Street, City, State & ZIP Code		
Contact phase (F19) 762 6160	Email address	hankruntau@hrattlaur.com
Contact phone (518) 762-6160	Email address	bankruptcy@brottlaw.com
508727		
Bar number & State		

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Fill in t	this informatio	n to identify	your case and thi				
Debtor	·1 F	Boulos G. S	aide				
	_	irst Name		Name	Last Name		
Debtor		harlene R.					
(Spouse,	, if filing) Fi	irst Name	Middle	Name	Last Name		
United	States Bankrup	otcy Court for	the: NORTHER	N DIST	RICT OF NEW YORK, UTICA DIVISION		
Case n	number						☐ Check if this is an
0400							amended filing
	cial Form		-				12/15
			<u> </u>	n asset	only once. If an asset fits in more than one	category, list the asset in	
hink it f nformat	its best. Be as o	complete and a	ccurate as possible	e. If two	married people are filing together, both are a nis form. On the top of any additional pages,	equally responsible for su	pplying correct
Part 1:	Describe Each	Residence, B	uilding, Land, or Oth	ner Real	Estate You Own or Have an Interest In		
	ou own or have a	any legal or eq	uitable interest in a	ny resid	ence, building, land, or similar property?		
_	es. Where is the	property?					
1.1				What	t is the property? Check all that apply		
3	1 N Main St				Single-family home	Do not deduct secured of the amount of any secure	•
	reet address, if avai	lable, or other des	scription		Duplex or multi-unit building	Creditors Who Have Clair	
					Condominium or cooperative		
					Manufactured or mobile home	Current value of the	Current value of the
В	roadalbin	NY	12025-2162		Land	entire property?	portion you own?
Cit	ty	State	ZIP Code		,	\$84,963.00	\$84,963.00
						Describe the nature of your ownership interest	
				Who	has an interest in the property? Check one	(such as fee simple, ter a life estate), if known.	nancy by the entireties, or
						Fee Simple	
F	ulton				Debtor 2 only	·	
Co	ounty				Debtor 1 and Debtor 2 only	Charlett data to	
					At least one of the debtors and another	☐ Check if this is cor (see instructions)	nmunity property
				Othe	r information you wish to add about this iter	m, such as local	
				prop	erty identification number:		

Official Form 106A/B Schedule A/B: Property page 1

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If you own or ha	ive more t	han one, list h		is the property? Check all that apply		
119 W Fulton St Street address, if available, or other description			_ ■ _	Single-family home  Duplex or multi-unit building  Condominium or cooperative	Do not deduct secured cla the amount of any secure Creditors Who Have Clair	d claims on <i>Schedule L</i>
Johnstown City  Fulton County	NY State	12095-1703 ZIP Code		Manufactured or mobile home  Land Investment property Timeshare Other has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another	Current value of the entire property? \$52,000.00  Describe the nature of y (such as fee simple, tenalife estate), if known.  Tenancy by the Entire Check if this is come (see instructions)	ancy by the entireties
				information you wish to add about this ite	em, such as local	
If you own or ha	ive more t	han one, list h	prope	information you wish to add about this ite orty identification number:  is the property? Check all that apply  Single-family home	Do not deduct secured cla	
If you own or ha			nere: What	information you wish to add about this ite orty identification number:  is the property? Check all that apply Single-family home Duplex or multi-unit building Condominium or cooperative		d claims on <i>Schedule L</i>
15 Henry St			prope nere: What	information you wish to add about this ite orty identification number:  is the property? Check all that apply  Single-family home  Duplex or multi-unit building	Do not deduct secured class the amount of any secure Creditors Who Have Clair  Current value of the entire property?  \$46,667.00  Describe the nature of y	current value of th portion you own? \$46,667
15 Henry St Street address, if available Amsterdam	e, or other desc	ription 12010-3335	prope	is the property? Check all that apply Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare	Do not deduct secured clathe amount of any secure Creditors Who Have Clair  Current value of the entire property?  \$46,667.00	Current value of th portion you own? \$46,667 our ownership intereancy by the entireties

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 2

Part 2: Describe Your Vehicles

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Debto Debto		aide, Boulos G. & Saide	Charlene R.	Case number (if known)	
. Cai	s, vans,	trucks, tractors, sport utility	vehicles, motorcycles		
	do.				
_	65				
3.1	Make:	Jeep	Who has an interest in the property? Check one	Do not deduct secure	d claims or exemptions. Put
0.1	Model:	Grand Cherokee	Debtor 1 only		cured claims on Schedule D: Claims Secured by Property.
	Year:	1999	■ Debtor 2 only		
		nate mileage:	Debtor 1 and Debtor 2 only	Current value of the entire property?	Current value of the portion you own?
		formation:	☐ At least one of the debtors and another		, ,
				*	
			Check if this is community property (see instructions)	\$2,500.0	9 \$2,500.00
		Lincoln		Do not deduct secure	d claims or exemptions. Put
3.2	Make:	Lincoln	Who has an interest in the property? Check one		cured claims on Schedule D:
	Model:	Town Car	Debtor 1 only	Creditors Who Have	Claims Secured by Property.
	Year:	2005	Debtor 2 only	Current value of the	
		nate mileage:	Debtor 1 and Debtor 2 only	entire property?	portion you own?
	Other in	omation.	☐ At least one of the debtors and another		
			☐ Check if this is community property	\$3,500.0	0 \$3,500.00
			(see instructions)		
			own for all of your entries from Part 2, including ar		\$6,000.00
.yo	u nave a	ittached for Part 2. Write that	number here	=>	Ψο,οσο.οσ
Part 3	Descri	be Your Personal and Househo	ld Items		
Оо ус			interest in any of the following items?		Current value of the
					portion you own?  Do not deduct secured claims or exemptions.
Ex	amples:	<b>goods and furnishings</b> Major appliances, furniture, line	ens, china, kitchenware		
	Yes. De	scribe			40.500.00
		Assorted Ho	ousehold Furnishings		\$2,500.00
	ctronics	Talaviaiana and radica: audia y	idea stores and digital equipment; computers printers	acconora: music collectio	no: alastronia dovisca
LX	arripies.	including cell phones, camera	ideo, stereo, and digital equipment; computers, printers, s, media players, games	, scarners, music conection	is, electroriic devices
	No				
	Yes. De	scribe			
		Assorted Ho	ousehold Electronics		\$1,000.00
		of value			
Ex			gs, prints, or other artwork; books, pictures, or other art o	objects; stamp, coin, or bas	eball card collections; other
		collections, memorabilia, colle	CUINES		
	NO Voc Do	a a vib a			

Case 17-61421-6-dd Doc 1 Filed 11/02/17 Entered 11/02/17 10:32:05 Page 21 of 66 Document Debtor 1 Saide, Boulos G. & Saide, Charlene R. Case number (if known) Debtor 2 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments ■ No ☐ Yes. Describe..... 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment ■ No ☐ Yes. Describe..... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories □ No ■ Yes. Describe..... Assorted Clothing \$1,000.00 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver ☐ No ■ Yes. Describe..... \$1,000.00 Assorted Jewelry 13. Non-farm animals Examples: Dogs, cats, birds, horses ■ No ☐ Yes. Describe..... 14. Any other personal and household items you did not already list, including any health aids you did not list ■ No ☐ Yes. Give specific information..... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for \$5,500.00 Part 3. Write that number here ..... Part 4: Describe Your Financial Assets Do you own or have any legal or equitable interest in any of the following? Current value of the portion you own? Do not deduct secured claims or exemptions.

16. Cash

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

□ No

■ Yes.....

Cash on Hand

\$100.00

17. Deposits of money

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

☐ No

■ Yes.....

Institution name:

17.1. Checking Account NBT Bank

\$500.00

Case 17-61421-6-dd Doc 1 Filed 11/02/17 Entered 11/02/17 10:32:05 Desc Main Document Page 22 of 66 Debtor 1 Saide, Boulos G. & Saide, Charlene R. Case number (if known) Debtor 2 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts ■ No ☐ Yes..... Institution or issuer name: 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture ■ No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans ☐ No Yes. List each account separately. Type of account: Institution name: 401(k) or Similar Plan **American Funds** \$1,150,00 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others ■ No Institution name or individual: 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) ■ No ☐ Yes..... Issuer name and description. 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). ■ No ☐ Yes..... Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit ■ No  $\hfill \square$  Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements ■ No

☐ Yes. Give specific information about them...

### 27. Licenses, franchises, and other general intangibles

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

■ No

☐ Yes. Give specific information about them...

Money or property owed to you?

Current value of the portion you own? Do not deduct secured claims or exemptions.

	Saide, Boulds G. & Saide	, Charlene R.	Case number (if known)	
	refunds owed to you			
□ No		m including whether you already f	iled the returns and the tax years	
_ 16	s. Give specific information about the		iled the returns and the tax years	
		Auticio etc. I Tou Defend		<b>*</b> 4.000.00
		Anticipated Tax Refund		\$1,000.00
Exa ■ No	•	ry, spousal support, child support,	maintenance, divorce settlement, property	settlement
Exa. ■ No	unpaid loans you made to so		sick pay, vacation pay, workers' compensa	tion, Social Security benefits;
Exa		nce; health savings account (HSA	); credit, homeowner's, or renter's insurance	
■ No	s. Name the insurance company of e Company i		Beneficiary:	Surrender or refund value:
If yo died			nce policy, or are currently entitled to receive	property because someone has
Exa. ■ No	ns against third parties, whether omples: Accidents, employment disposes.  s. Describe each claim			
■ No	•	ms of every nature, including co	ounterclaims of the debtor and rights to	set off claims
■ No	financial assets you did not alread s. Give specific information	ly list		
36. <b>Ad</b>			entries for pages you have attached for	\$2,750.00
Part 5:	Describe Any Business-Related Prope	rty You Own or Have an Interest In.	List any real estate in Part 1.	
37. <b>Do yo</b>	u own or have any legal or equitable i	nterest in any business-related prop	erty?	
_ `	Go to Part 6.		·	
☐ Yes	Go to line 38.			

Official Form 106A/B Schedule A/B: Property page 6

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

■ No. Go to Part 7.□ Yes. Go to line 47.

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Debtor 1 Saide, Boulos G. & Saide, Charlene R. Case number (if known) Debtor 2 Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership ☐ Yes. Give specific information....... 54. Add the dollar value of all of your entries from Part 7. Write that number here ...... \$0.00 List the Totals of Each Part of this Form Part 1: Total real estate, line 2 \$183,630.00 Part 2: Total vehicles, line 5 56. \$6,000.00 57. Part 3: Total personal and household items, line 15 \$5,500.00 Part 4: Total financial assets, line 36 \$2,750.00 59. Part 5: Total business-related property, line 45 \$0.00 Part 6: Total farm- and fishing-related property, line 52 60. \$0.00 Part 7: Total other property not listed, line 54 \$0.00

\$14,250.00

Copy personal property total

63. Total of all property on Schedule A/B. Add line 55 + line 62

Total personal property. Add lines 56 through 61...

\$197,880.00

\$14,250.00

Official Form 106A/B Schedule A/B: Property page 7

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nation to identify your	case:		
Boulos G. Saide			
First Name	Middle Name	Last Name	
First Name	Middle Name	Last Name	
nkruptcy Court for the:	NORTHERN DISTRICT	OF NEW YORK, UTICA DIVIS	ION
	Boulos G. Saide First Name	Boulos G. Saide First Name Middle Name  First Name Middle Name	Boulos G. Saide First Name Middle Name Last Name  First Name Middle Name Last Name

## Official Form 106C

## Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

	Part 1:	Identify the Property You Claim as Exempt
--	---------	---

1.	Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.	
	☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)	

■ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim  Specific laws that allow exemption  Check only one box for each exemption.
Debtor 1 Exemptions Lincoln Town Car 2005 Line from Schedule A/B: 3.2	\$3,500.00	\$3,775.00  100% of fair market value, up to any applicable statutory limit
Assorted Household Furnishings Line from Schedule A/B. 6.1	\$2,500.00	\$1,250.00 11 USC § 522(d)(3)  100% of fair market value, up to any applicable statutory limit
Assorted Household Electronics Line from Schedule A/B: 7.1	\$1,000.00	\$500.00 100% of fair market value, up to any applicable statutory limit
Assorted Clothing Line from Schedule A/B 11.1	\$1,000.00	\$500.00 11 USC § 522(d)(3)  100% of fair market value, up to any applicable statutory limit
Assorted Jewelry Line from Schedule A/B: 12.1	\$1,000.00	\$500.00 11 USC § 522(d)(4)  100% of fair market value, up to any applicable statutory limit

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	Brief description of the property and line on Schedule A/B that lists this property Current value of the portion you own		ount of the exemption you claim	Specific laws that allow exemption	
		Copy the value from Schedule A/B	Che	ck only one box for each exemption.	
	Cash on Hand Line from Schedule A/B 16.1	\$100.00		\$50.00	11 USC § 522(d)(5)
	Line non Schedule A/B. 10.1			100% of fair market value, up to any applicable statutory limit	
	NBT Bank Line from Schedule A/B 17.1	\$500.00		\$250.00	11 USC § 522(d)(5)
	Line non Schedule A/B. 11.1			100% of fair market value, up to any applicable statutory limit	
	Anticipated Tax Refund Line from Schedule A/B 28.1	\$1,000.00		\$1,250.00	11 USC § 522(d)(5)
	Line nom Schedule A/D. 25. 1			100% of fair market value, up to any applicable statutory limit	
3.	Are you claiming a homestead exemption of (Subject to adjustment on 4/01/19 and every 3			on or after the date of adjustment.)	
	No				
	Yes. Did you acquire the property covered	by the exemption within	า 1,21	5 days before you filed this case?	
	□ No				

☐ Yes

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					9	
Fil	l in this inform	nation to identify your ca	ase:			
De	ebtor 1					
_		First Name	Middle Name	l	Last Name	
	ebtor 2 ouse if, filing)	Charlene R. Saide	Middle Name	ı	Last Name	
Ur	nited States Bar	nkruptcy Court for the:	NORTHERN DISTRICT OF	F NEW	YORK, UTICA DIVISION	
Ca	se number					
(if k	known)					☐ Check if this is an amended filing
0	fficial Fo	rm 106C				
S	chedul	e C: The Pro	perty You Cla	aim	as Exempt	4/16
pro out kno	perty you listed and attach to th wn).	on <i>Schedule A/B: Proper</i> iis page as many copies o	ty (Official Form 106A/B) as y f <i>Part 2: Additional Page</i> as r	your sou necessa	urce, list the property that you claim ary. On the top of any additional page	applying correct information. Using the as exempt. If more space is needed, fill es, write your name and case number (if
spe app fun to a	ecific dollar am blicable statuto ds—may be u	nount as exempt. Alterna ory limit. Some exemption Indigited in dollar amour llar amount and the valu	atively, you may claim the sons—such as those for heant. However, if you claim ar	full fair alth aid n exem	s, rights to receive certain benefi	ng exempted up to the amount of any ts, and tax-exempt retirement under a law that limits the exemption
Pa	rt 1: Identif	y the Property You Clai	m as Exempt			
1.	Which set of	exemptions are you cla	iming? Check one only, eve	en if vou	ır spouse is filina with vou.	
	_		onbankruptcy exemptions. 1	•	, ,	
	_	iming federal exemptions.	. , .		3 (3)(-)	
•					CIII to the totament on below	
2.		• •	•	• •	fill in the information below.	
		on of the property and line that lists this property	on Current value of the portion you own	Am	ount of the exemption you claim	Specific laws that allow exemption
			Copy the value from Schedule A/B	Che	eck only one box for each exemption.	
De	ebtor 2 Exen	nptions				
	31 N Main S	24	\$84,963.00		\$12,000.00	11 USC § 522(d)(1)
	Broadalbin County : Fu	NY, 12025-2162			100% of fair market value, up to any applicable statutory limit	
	Jeep		<b>#0.500.00</b>		40.775.00	11 USC § 522(d)(2)
	Grand Che	rokee	\$2,500.00	-	\$3,775.00	11 000 3 022(0)(2)
	1999 Line from Sch	edule A/B: <b>3.1</b>			100% of fair market value, up to any applicable statutory limit	
		ousehold Furnishing	gs \$2,500.00	_	\$1,250.00	11 USC § 522(d)(3)
					100% of fair market value, up to any applicable statutory limit	
		ousehold Electronic	\$1,000.00	_	\$500.00	11 USC § 522(d)(3)
		COUIT AID. III				

Official Form 106C

☐ 100% of fair market value, up to any applicable statutory limit

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	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim		Specific laws that allow exemption	
		Copy the value from Schedule A/B	Che	eck only one box for each exemption.		
	Assorted Clothing Line from Schedule A/B 11.1	\$1,000.00		\$500.00	11 USC § 522(d)(3)	
	Zino nom odyreduje y v Zi TiTi			100% of fair market value, up to any applicable statutory limit		
	Assorted Jewelry Line from Schedule A/B 12.1	\$1,000.00		\$500.00	11 USC § 522(d)(4)	
	Zino nom somedale / v Zina			100% of fair market value, up to any applicable statutory limit		
	Cash on Hand Line from Schedule A/B 16.1	\$100.00		\$50.00	11 USC § 522(d)(5)	
	Line nom concease / V2 1011			100% of fair market value, up to any applicable statutory limit		
	NBT Bank Line from Schedule A/B 17.1	\$500.00		\$250.00	11 USC § 522(d)(5)	
	Zino nom odyreduje y v Zi i i i i			100% of fair market value, up to any applicable statutory limit		
	American Funds Line from Schedule A/B 21.1	\$1,150.00	•	\$1,150.00	11 USC § 522(d)(12)	
				100% of fair market value, up to any applicable statutory limit		
	Anticipated Tax Refund Line from Schedule A/B 28.1			\$1,250.00	11 USC § 522(d)(5)	
				100% of fair market value, up to any applicable statutory limit		
3.	Are you claiming a homestead exemption of (Subject to adjustment on 4/01/19 and every 3			on or after the date of adjustment.)		
	■ No	yourd artor triat for oudd	0 11100	ron or anor the date of dajaotinomi,		
	☐ Yes. Did you acquire the property covered	d by the exemption within	า 1,21	5 days before you filed this case?		
	□ No					
	☐ Yes					

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		Document	Page 2	29 of 66		
Fill in this information to ider	ntify your	case:				
Debtor 1 Boulos	G Saide					
First Name	G. Saiue	Middle Name	Last Name		-	
Debtor 2 Charlen	e R. Sai	de				
(Spouse if, filing) First Name	o iti oui	Middle Name	Last Name			
United States Bankruptov Cour	rt for the	NORTHERN DISTRICT OF N	EW VODK I	ITICA DIVISION		
United States Bankruptcy Coul	t for the:	NORTHERN DISTRICT OF N	EW TORK, C	JIICA DIVISION		
Case number						
(if known)					☐ Check	if this is an
					amend	led filing
Official Form 106D						
Schedule D: Cred	litors	Who Have Claims	Secure	ed by Property	J	12/15
00.100010 21 0100					,	,.0
		two married people are filing togeth				
needed, copy the Additional Page known).	e, fill it out,	number the entries, and attach it to	this form. On	the top of any additional	pages, write your name	and case number (n
1. Do any creditors have claims s	ecured by	your property?				
	•		oboduloo Va	ou have nothing also to re-	port on this form	
_		s form to the court with your other s	chedules. Yo	ou have nothing else to rep	DOIT ON THIS TOTTI.	
Yes. Fill in all of the informal	mation be	elow.				
Part 1: List All Secured Cl	aims					
2. List all secured claims. If a cre	ditor has m	ore than one secured claim, list the cre	editor separate	Column A	Column B	Column C
for each claim. If more than one cr	editor has	a particular claim, list the other creditor	s in Part 2. As	Amount of claim	Value of collateral	Unsecured
much as possible, list the claims in	alphabetic	al order according to the creditor 's nar	me.	Do not deduct the value of collateral.	that supports this claim	portion If any
Carrington Mortgage	<b>)</b>			value of collateral.	Clailli	папу
Service. LLC		Describe the property that secures	the claim:	\$142,431.00	\$84,963.00	\$57,468.00
Creditor's Name		31 N Main St, Broadalbin, N	١Y			
		12025-2162				
		As of the date you file, the claim is:	Chock all that			
PO Box 3489		apply.	. Check all that			
Anaheim, CA 92803-	3489_	☐ Contingent				
Number, Street, City, State & Zip	Code	☐ Unliquidated				
		☐ Disputed				
Who owes the debt? Check one	-	Nature of lien. Check all that apply.				
Debtor 1 only		An agreement you made (such as	mortgage or s	secured		
■ Debtor 2 only		car loan)				
Debtor 1 and Debtor 2 only		☐ Statutory lien (such as tax lien, me	echanic's lien)			
At least one of the debtors and	another	☐ Judgment lien from a lawsuit				
☐ Check if this claim relates to	а	Other (including a right to offset)	First Mor	rtgage		
community debt						
Date debt was incurred 2009-	-05	Last 4 digits of account num	nber 6204	4		
				<u> </u>		
2.2 Nationstar Mortgage	.IIC	Describe the property that secures	the claim:	\$13,925.00	\$46,667.00	\$0.00
Creditor's Name	LLO	15 Henry St, Amsterdam, N		Ψ13,323.00	Ψ+0,007.00	Ψ0.00
Attn: Bankruptcy		12010-3335	• •			
8950 Cypress Waters	s					
Blvd	_	As of the date you file, the claim is: apply.	Check all that			
Coppell, TX 75019-40	620	Contingent				
Number, Street, City, State & Zip		☐ Unliquidated				
		☐ Disputed				
Who owes the debt? Check one		Nature of lien. Check all that apply.				
Debtor 1 only		■ An agreement you made (such as	mortgage or s	secured		
■ Debtor 2 only		car loan)	- 5.5-5-51			
Debtor 1 and Debtor 2 only		☐ Statutory lien (such as tax lien, me	echanic's lien)			
☐ At least one of the debtors and	another	☐ Judgment lien from a lawsuit				
☐ Check if this claim relates to		Other (including a right to offset)	First Mor	rtgage		
community debt		— Other (including a right to onset)		·J3-		
But the second			• · · · • • • •	_		
Date debt was incurred 2008-	·02	Last 4 digits of account num	nber 6540	U		

Official Form 106D

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Debtor 1 Boulos G. Saide First Name Middle N  Charlene R. Saide First Name Middle N		Case number (f know)		
2.3 Wells Fargo Hm Mortgag Creditor's Name	Describe the property that secures the claim 119 W Fulton St, Johnstown, NY 12095-1703	: \$35,088.00	\$52,000.00	\$0.00
8480 Stagecoach Cir Frederick, MD 21701-4747	As of the date you file, the claim is: Check all t apply.  Contingent	that		
Number, Street, City, State & Zip Code	☐ Unliquidated ☐ Disputed			
Who owes the debt? Check one.  ☐ Debtor 1 only ☐ Debtor 2 only	Nature of lien. Check all that apply.  An agreement you made (such as mortgage car loan)	or secured		
☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	☐ Statutory lien (such as tax lien, mechanic's li☐ Judgment lien from a lawsuit	ien)		
☐ Check if this claim relates to a community debt	Other (including a right to offset) First	Mortgage		
Date debt was incurred 2006-07	Last 4 digits of account number0	891		
Add the dollar value of your entries in Co	lumn A on this page. Write that number here:	\$191,444.0	0	
If this is the last page of your form, add the Write that number here:	ne dollar value totals from all pages.	\$191,444.0	0	
trying to collect from you for a debt you o	ne notified about your bankruptcy for a debt that we to someone else, list the creditor in Part 1, t you listed in Part 1, list the additional creditor	and then list the collection agen	cy here. Similarly, if you ha	ave more
Name, Number, Street, City, State & Carrington Mortgage SE 1600 S Douglass Rd Ste 2 Anaheim, CA 92806-5948		On which line in Part 1 did you ente ast 4 digits of account number <b>6</b>		
Name, Number, Street, City, State & Nationstar/mr. Cooper 350 Highland Dr Lewisville, TX 75067-4177		On which line in Part 1 did you ente		

	Case	17-01421-0-00	DOC 1	Pilea 11/02 Document	2/17 EIII Page 3	.ereu 11/02/. 1 of 66	17 10.32.05 L	Desc Main
Fill in	this inform	ation to identify your ca		7( )( )( )( )( )( )( )( )( )( )( )( )( )(	1 (11(1, 1)			
Debto	r 1	Paulas C. Saida						
Debio	I I	Boulos G. Saide First Name	Middle N	ame	Last Name			
Debto	r 2	Charlene R. Saide						
(Spouse	e if, filing)	First Name	Middle N	ame	Last Name			
United	l States Ban	nkruptcy Court for the:	NORTHERN	N DISTRICT OF N	NEW YORK, U	TICA DIVISION		
	number			_				
(if know	n)						_	Check if this is an
							a	mended filing
Offic	ial Form	106E/F						
		/F: Creditors Wh	no Have	Unsecured	Claims			12/15
		accurate as possible. Use				Part 2 for creditors v	with NONPRIORITY clain	s. List the other party to
D: Cred the Con	itors Who Ha Itinuation Pa Imber (if kno	•	perty. If more no information	space is needed, on to report in a Pa	copy the Part yo	ou need, fill it out, n	umber the entries in the	boxes on the left. Attach
		I of Your PRIORITY Unsersity unsecured						
_	No. Go to Pa		ciaiiiis agailis	it you!				
	Yes.	dil 2.						
Part 2		of Your NONPRIORITY	Uncocured	Claims				
_		rs have nonpriority unsecu	_	•				
Ц	No. You hav	e nothing to report in this par	t. Submit this f	orm to the court with	n your other sche	edules.		
	Yes.							
un	secured claim	nonpriority unsecured clain, list the creditor separately for holds a particular claim, list	or each claim.	For each claim liste	d, identify what t	ype of claim it is. Do	not list claims already incl	uded in Part 1. If more
								Total claim
4.1	Albany l	Medical Center		Last 4 digits of ac	count number	892Y	-	\$50.00
	Nonpriority	Creditor's Name		When was the del	ht incurred?	2016-01		
	РО Вох	1189		Wileii Was the de	ot mounted.	2010-01		-
	Albany,	NY 12201-1189						
		reet City State Zlp Code		As of the date you	u file, the claim	is: Check all that app	oly	
		red the debt? Check one.						
	Debtor	-		Contingent				
	■ Debtor	•		☐ Unliquidated				
		1 and Debtor 2 only		☐ Disputed				
		one of the debtors and anoth		Type of NONPRIC	KITY unsecure	d claim:		
	☐ Check i	if this claim is for a comm	unity	☐ Student loans			P 0	
		n subject to offset?		□ Obligations aris report as priority cl		aration agreement or	divorce that you did not	
	■ No	-				ng plans, and other si	imilar debts	
	☐ Yes			Other. Specify	Open acco			
	<b>—</b> 163			Otner. Specify	Open acce	, and		

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Document Page 32 of 66 Debtor 1 Debtor 2 Saide, Boulos G. & Saide, Charlene R. Case number (if know) 4.2 Last 4 digits of account number \$50.00 **Albany Medical Center** 895Y Nonpriority Creditor's Name When was the debt incurred? 2016-01 **PO Box 1189** Albany, NY 12201-1189 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Open account ☐ Yes 4.3 **Albany Medical Center** Last 4 digits of account number \$50.00 894Y Nonpriority Creditor's Name When was the debt incurred? 2016-01 PO Box 1189 Albany, NY 12201-1189 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify Open account 4.4 **Barclays Bank Delaware** Last 4 digits of account number 0987 \$1,171.00 Nonpriority Creditor's Name When was the debt incurred? 2008-11 100 S West St Wilmington, DE 19801-5015 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community

debt

■ No
□ Yes

report as priority claims

 $\square$  Obligations arising out of a separation agreement or divorce that you did not

 $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts

■ Other. Specify Revolving account

Is the claim subject to offset?

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Saide, Boulos G. & Saide, Charles			
Capital One Nonpriority Creditor's Name	Last 4 digits of account number	9673	\$1,
Attn: Bankruptcy PO Box 30253	When was the debt incurred?	2015-04	
Salt Lake City, UT 84130-0253  Number Street City State Zlp Code  Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community debt		aration agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims		
■ No	Debts to pension or profit-sharir		
Yes	Other. Specify Revolving	account	
Capital One Nonpriority Creditor's Name	Last 4 digits of account number	6474	\$
Attn: Bankruptcy PO Box 30253	When was the debt incurred?	2006-11	
Salt Lake City, UT 84130-0253  Number Street City State Zlp Code	As of the date you file, the claim		
Who incurred the debt? Check one.	no or the date you me, the claim	o. Oncor all that apply	
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
Check if this claim is for a community	Student loans		
debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
Yes	■ Other. Specify Revolving	account	
Capital One NA	Last 4 digits of account number	6392	\$
Nonpriority Creditor's Name  Attn: General	When was the debt incurred?	2008-02	
Correspondence/Bankruptcy PO Box 30285 Salt Lake City, UT 84130-0285 Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
Who incurred the debt? Check one.			
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
Check if this claim is for a community	Student loans		
debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
No	Debts to pension or profit-sharir	a plans, and other similar debts	
■ No □ Yes			
LIYES	Other Specify Revolving	account	

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Chase Card	Last 4 digits of account number	6754	\$2,490.00
Ionpriority Creditor's Name Attn: Correspondence Dept PO Box 15298	When was the debt incurred?	2007-07	
Wilmington, DE 19850-5298  Number Street City State Zlp Code	As of the date you file, the claim i	is: Check all that apply	
Who incurred the debt? Check one.	,		
■ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
lebt s the claim subject to offset?	Obligations arising out of a sepa report as priority claims		
No	Debts to pension or profit-sharing	g plans, and other similar debts	
☐ Yes	Other. Specify Revolving	account	
Chase Card	Last 4 digits of account number	2937	\$1,416.00
Nonpriority Creditor's Name Attn: Correspondence Dept PO Box 15298	When was the debt incurred?	2017-07	
Vilmington, DE 19850-5298 Jumber Street City State Zlp Code Vho incurred the debt? Check one.	As of the date you file, the claim i	is: Check all that apply	
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
lebt s the claim subject to offset?	☐ Obligations arising out of a sepa report as priority claims	aration agreement or divorce that you did not	
No	Debts to pension or profit-sharin	g plans, and other similar debts	
Yes	■ Other. Specify Revolving		
Chase Card	Last 4 digits of account number	0492	\$1,221.00
Nonpriority Creditor's Name Attn: Correspondence Dept PO Box 15298	When was the debt incurred?	2007-04	
Wilmington, DE 19850-5298  Number Street City State Zlp Code  Who incurred the debt? Check one.	As of the date you file, the claim i	is: Check all that apply	
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
Check if this claim is for a community	Student loans		
debt Is the claim subject to offset?		aration agreement or divorce that you did not	
■ No	report as priority claims  Debts to pension or profit-sharin	on plane, and other similar debts	
Yes	Other Specify Revolving	account	

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Saide, Boulos G. & Saide, Charlei					
Chase Card	Last 4 digits of account number	6590	\$612.00		
Ionpriority Creditor's Name Attn: Correspondence Dept PO Box 15298	When was the debt incurred?	2016-07			
Wilmington, DE 19850-5298  Number Street City State Zlp Code	As of the date you file, the claim i	is: Check all that apply			
Who incurred the debt? Check one.	ne et alle date yeu me, alle elam.	S. Chook all that apply			
Debtor 1 only	☐ Contingent				
Debtor 2 only	☐ Unliquidated				
☐ Debtor 1 and Debtor 2 only	☐ Disputed				
At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:			
☐ Check if this claim is for a community	☐ Student loans				
debt s the claim subject to offset?	Obligations arising out of a sepa report as priority claims	Obligations arising out of a separation agreement or divorce that you did not report as priority claims			
No	Debts to pension or profit-sharin	g plans, and other similar debts			
Yes	■ Other. Specify Revolving	account			
Credit One Bank NA	Last 4 digits of account number	5518	\$602.00		
Nonpriority Creditor's Name	When was the debt incurred?	2016-11			
PO Box 98873 Las Vegas, NV 89193-8873		2010 11			
lumber Street City State Zlp Code  Who incurred the debt? Check one.	As of the date you file, the claim i				
Debtor 1 only	☐ Contingent				
Debtor 2 only	☐ Unliquidated				
Debtor 1 and Debtor 2 only	☐ Disputed				
At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:			
Check if this claim is for a community	Student loans				
debt s the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims				
No	Debts to pension or profit-sharin				
Yes	Other. Specify Revolving				
Credit One Bank NA	Last 4 digits of account number	0654	\$566.00		
Nonpriority Creditor's Name PO Box 98873	When was the debt incurred?	2015-10			
Las Vegas, NV 89193-8873					
Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	is: Check all that apply			
Debtor 1 only	☐ Contingent				
Debtor 2 only	☐ Unliquidated				
Debtor 1 and Debtor 2 only	☐ Disputed				
$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:			
Check if this claim is for a community	Student loans				
debt Is the claim subject to offset?		aration agreement or divorce that you did not			
■ No	report as priority claims  Debts to pension or profit-sharin	on plans, and other similar debts			
☐ Yes	Other Specify Revolving	account			

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Debto	Saide, Boulos G. & Saide, Charler	ne R.	Case number (f know)			
4.14	Daniel DiCaterino	Last 4 digits of account number		\$2,150.00		
	Nonpriority Creditor's Name	When was the debt incurred?				
	519 Midline Rd Amsterdam, NY 12010-6245 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply			
	☐ Debtor 1 only					
	Debtor 2 only	☐ Contingent ☐ Unliquidated				
	■ Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:			
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims			
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts			
	Yes	■ Other Specify Judgment				
4.15	Dept of Ed/582/NeInet	Last 4 digits of account number	6474	\$1,169.00		
	Nonpriority Creditor's Name Attn: Claims/Bankruptcy PO Box 82505	When was the debt incurred?	2011-02			
	Lincoln, NE 68501-2505 Number Street City State ZIp Code	As of the date you file, the claim				
	Who incurred the debt? Check one.	Continues				
	Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	Debtor 1 and Debtor 2 only	☐ Disputed  Type of NONPRIORITY unsecure				
	At least one of the debtors and another	Student loans				
	☐ Check if this claim is for a community debt	■ Student loans  ☐ Obligations arising out of a sepa				
	Is the claim subject to offset?	report as priority claims				
	■ No	Debts to pension or profit-sharing				
	□Yes	Other. Specify				
	Installment account					
4.16	Dept of Ed/582/NeInet	Last 4 digits of account number	6574	\$137.00		
	Attn: Claims/Bankruptcy	When was the debt incurred?	2011-02			
	PO Box 82505					
	Lincoln, NE 68501-2505  Number Street City State Zlp Code	As of the date you file, the claim	e. Chook all that apply			
	Who incurred the debt? Check one.	As of the date you me, the claim				
	Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure				
	☐ Check if this claim is for a community	Student loans				
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims				
	■ No	Debts to pension or profit-sharing plans, and other similar debts				
	☐ Yes	Other. Specify				

Installment account

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Saide, Boulos G. & Saide, Charler	ie K.	Case number (f know)					
Elan Financial Service	Last 4 digits of account number	9444	\$2,031.00				
Nonpriority Creditor's Name	When was the debt incurred?	2015-04					
PO Box 108							
Saint Louis, MO 63166-0108		Co. Ob a shall that are the					
Number Street City State Zlp Code  Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply					
■ Debtor 1 only							
_	☐ Contingent						
Debtor 2 only	☐ Unliquidated						
Debtor 1 and Debtor 2 only	☐ Disputed  Type of NONPRIORITY unsecured	d alaim.					
At least one of the debtors and another	Student loans	d Claim.					
☐ Check if this claim is for a community debt		ration agreement or divorce that you did not					
s the claim subject to offset?	report as priority claims	ration agreement or divorce that you did not					
■ No	Debts to pension or profit-sharing	g plans, and other similar debts					
Yes	■ Other. Specify Revolving	account					
Fst Premier	Last 4 digits of account number	4530	\$857.00				
Nonpriority Creditor's Name	When was the debt incurred?	2015 10					
601 S Minnesota Ave	when was the debt incurred?	2015-10					
Sioux Falls, SD 57104-4824							
Number Street City State ZIp Code	As of the date you file, the claim	s: Check all that apply					
Who incurred the debt? Check one.							
Debtor 1 only	☐ Contingent						
Debtor 2 only	☐ Unliquidated						
Debtor 1 and Debtor 2 only	☐ Disputed						
At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:					
☐ Check if this claim is for a community	☐ Student loans						
debt		Dobligations arising out of a separation agreement or divorce that you did not					
Is the claim subject to offset?  ■ No	report as priority claims  Debts to pension or profit-sharin	a plane, and other similar debts					
■ No							
⊒ res	Other. Specify Revolving	account					
Johnstown Water Department Nonpriority Creditor's Name	Last 4 digits of account number	2900	\$1,600.00				
Nonphonty Creditor's Name	When was the debt incurred?						
27 E Main St							
Johnstown, NY 12095-2630							
Number Street City State Zlp Code  Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply					
Debtor 1 only							
Debtor 2 only	Contingent						
•	☐ Unliquidated						
Debtor 1 and Debtor 2 only	Disputed						
At least one of the debtors and another	Type of NONPRIORITY unsecured  ☐ Student loans	a Claim:					
☐ Check if this claim is for a community debt	_	and the common of the discount of the common					
ls the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not					
■ No	Debts to pension or profit-sharin	g plans, and other similar debts					
□ Yes	Other Specify	· · · · · · · · · · · · · · · · · · ·					
<b>□</b> 162	Other Specify						

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2 Saide, Boulos G. & Saide, Charlei			
Lending Club Corp Nonpriority Creditor's Name	Last 4 digits of account number	9284	\$9,775.
Nonpriority Creditor's Name	When was the debt incurred?	2015-06	
71 Stevenson St Ste 300 San Francisco, CA 94105-2985 Number Street City State Zlp Code	As of the date you file, the claim		
Who incurred the debt? Check one.			
Debtor 1 only	☐ Contingent		
■ Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
No	Debts to pension or profit-sharing	g plans, and other similar debts	
Yes	Other. Specify Installment	t account	
National Grid	Last 4 digits of account number	many	\$3,000
Nonpriority Creditor's Name	When was the debt incurred?		
300 Erie Blvd W	when was the dept incurred?		
Syracuse, NY 13202-4201			
Number Street City State ZIp Code	As of the date you file, the claim	is: Check all that apply	
Who incurred the debt? Check one.			
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
Check if this claim is for a community	Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
Yes	Other. Specify		
Peebles	Last 4 digits of account number	8633	\$1,200
Nonpriority Creditor's Name	When was the debt incurred?		
PO Box 659465 San Antonio, TX 78265-9465	when was the debt incurred?		
Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
■ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	Student loans		
debt	☐ Obligations arising out of a sepa	ration agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims	.,	
■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
□ Yes	Other Specify		

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Saide, Boulos G. & Saide, Charle	ne R.	Case number (f know)				
Synchrony Bank/Lowes Nonpriority Creditor's Name	Last 4 digits of account number	5718	\$764.00			
Attn: Bankruptcy PO Box 965060	When was the debt incurred?	2011-09				
Orlando, FL 32896-5060  Number Street City State Zlp Code  Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply				
☐ Debtor 1 only	☐ Contingent					
Debtor 2 only	☐ Unliquidated					
☐ Debtor 1 and Debtor 2 only	☐ Disputed					
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:				
☐ Check if this claim is for a community	☐ Student loans					
debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not				
■ No	Debts to pension or profit-sharing	g plans, and other similar debts				
Yes	■ Other. Specify Revolving	account				
Synchrony Bank/Paypal Cr	Last 4 digits of account number	6317	\$458.00			
Nonpriority Creditor's Name Attn: Bankruptcy PO Box 965060	When was the debt incurred?	2015-04				
Orlando, FL 32896-5060	_					
Number Street City State ZIp Code	As of the date you file, the claim	is: Check all that apply				
Who incurred the debt? Check one.	☐ Contingent					
Debtor 1 only						
Debtor 2 only	☐ Unliquidated					
Debtor 1 and Debtor 2 only	☐ Disputed					
At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:				
☐ Check if this claim is for a community	Student loans					
debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not				
<u> </u>	<u>-</u> ' '	a plane, and other similar debts				
■ No □ Yes	□ Debts to pension or profit-sharing plans, and other similar debts  ■ Other. Specify Revolving account					
Tnb-Visa (TV) / Target	Last 4 digits of account number	<u>1763</u>	\$2,889.00			
Nonpriority Creditor's Name C/O Financial & Retail Services Mailstop	When was the debt incurred?	2008-10				
PO Box 9475 Minneapolis, MN 55440-9475	_					
Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply				
■ Debtor 1 only	☐ Contingent					
Debtor 2 only	☐ Unliquidated					
Debtor 1 and Debtor 2 only	☐ Disputed					
$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:				
Check if this claim is for a community	Student loans					
debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not				
■ No	Debts to pension or profit-sharir	g plans, and other similar debts				
	■ Other. Specify Revolving					
☐ Yes						

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Debtor 2	Saide, Boulos G. & Saide, Charle	ene R.	Case number (f know)			
	S Dept of Ed/Great Lakes Higher					
1.26 <b>E</b>	ducati	Last 4 digits of account number	9581	\$28,662.00		
Α	onpriority Creditor's Name httn: Bankruptcy 401 International Ln	When was the debt incurred?	2012-02			
N	ladison, WI 53704-3121 umber Street City State Zlp Code //ho incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply			
_	Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	Debtor 1 and Debtor 2 only	☐ Disputed				
	At least one of the debtors and another	Type of NONPRIORITY unsecure	ed claim:			
	Check if this claim is for a community	Student loans				
de	ebt the claim subject to offset?	Obligations arising out of a sep report as priority claims	aration agreement or divorce that you did not			
_	No	Debts to pension or profit-shari	ng plans, and other similar debts			
	] Yes	☐ Other. Specify				
_	1 165	Installmen	nt account	•		
<u> </u>	IS Don't of Ed/Great Lakes Higher					
1.27 <b>E</b>	S Dept of Ed/Great Lakes Higher ducati	Last 4 digits of account number	8581	\$2,264.00		
	onpriority Creditor's Name httn: Bankruptcy	When was the debt incurred?	2010-10			
2	401 International Ln ladison, WI 53704-3121		2010 10	-		
	umber Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply			
W	ho incurred the debt? Check one.					
	Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	Debtor 1 and Debtor 2 only	☐ Disputed				
	At least one of the debtors and another	Type of NONPRIORITY unsecure	ed claim:			
	Check if this claim is for a community	Student loans				
	ebt the claim subject to offset?	Obligations arising out of a sep report as priority claims	aration agreement or divorce that you did not			
_	No	Debts to pension or profit-shari	ng plans, and other similar debts			
	■ No ] Yes	Other. Specify	ng pians, and other similar debts			
L	1 Yes	Installmen	at account	-		
Part 3:	List Others to Be Notified About a Del		n account			
. Use this is trying have mo	page only if you have others to be notified a to collect from you for a debt you owe to so	about your bankruptcy, for a debt that y omeone else, list the original creditor in at you listed in Parts 1 or 2, list the add	you already listed in Parts 1 or 2. For exampl n Parts 1 or 2, then list the collection agency itional creditors here. If you do not have add	here. Similarly, if you		
Name and Barclays	Address s Bank Delaware	On which entry in Part 1 or Part 2 did you Line <b>4.4</b> of ( <i>Check one</i> ):	u list the original creditor?  Part 1: Creditors with Priority Unsecured Clai	ms		
PO Box			Part 2: Creditors with Nonpriority Unsecured	Claims		
Wilming	ton, DE 19899-8803	Last 4 digits of account number	0987			
Name and	Address	On which entry in Part 1 or Part 2 did you	u list the original creditor?			
	One Bank USA	` '	Part 1: Creditors with Priority Unsecured Clai			
	apital One Dr nd, VA 23238-1119		Part 2: Creditors with Nonpriority Unsecured	Claims		
	110, 17, 20200 1110	Last 4 digits of account number	9673			
Name and		On which entry in Part 1 or Part 2 did you	u list the original creditor?			
	One Bank USA	<del></del>	Part 1: Creditors with Priority Unsecured Clai			
	apital One Dr nd, VA 23238-1119		Part 2: Creditors with Nonpriority Unsecured	Claims		
	.,	Last 4 digits of account number	6474			

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Name and Address Chase Card PO Box 15298 Willmington, DE 19850-5298 Willmington, DE 19850-5298 Willmington, DE 19850-5298  Name and Address Chase Card PO Box 15298 Willmington, DE 19850-5298  Name and Address Chase Card PO Box 15298 Willmington, DE 19850-5298  Name and Address Chase Card PO Box 15298 Willmington, DE 19850-5298  Name and Address Chase Card PO Box 15298 Willmington, DE 19850-5298  Name and Address Chase Card PO Box 15298 Willmington, DE 19850-5298  The Address Chase Card PO Box 15298 Willmington, DE 19850-5298  Name and Address Chase Card PO Box 15298 Willmington, DE 19850-5298  The Address Chase Card PO Box 15298 Willmington, DE 19850-5298  Name and Address Chase Card PO Box 15298 Willmington, DE 19850-5298  The Address Chase Card PO Box 15298 Willmington, DE 19850-5298  Name and Address Chase Card PO Box 15298 Willmington, DE 19850-5298  Name and Address Chase Card PO Box 15298 Willmington, DE 19850-5298  Name and Address Chase Card PO Box 15298 Willmington, DE 19850-5298  Name and Address Chase Card PO Box 15298 Willmington, DE 19850-5298  Name and Address Chase Card Po Box 15298 Willmington, DE 19850-5298  The Address Chase Card Po Box 15298 Willmington, DE 19850-5298  Name and Address Chase Card Po Box 15298 Willmington, DE 19850-5298  The Address Chase Card Po Box 15298 Willmington, DE 19850-5298  The Address Chase Card Po Box 15298 Willmington, DE 19850-5298  The Address Chase Card Po Box 15298 Willmington, DE 19850-5298  The Address Chase Card Po Box 15298 Willmington, DE 19850-5298  The Address Chase Card Po Box 15298 Willmington, DE 19850-5298  The Address Chase Card Po Box 15298 Willmington, DE 19850-5298  The Address Chase Card Po Box 15298 Willmington, DE 19850-5298  The Address Chase Card Po Box 15298 Willmington, DE 19850-5298  The Address Chase Card Po Box 15298 Willmington, DE 19850-5298  The Address Chase Card Po Box 15298 Willmington, DE 19850-5298  The Address Chase Card Po Box 15298 Willmington, DE 19850-5298  The Address Po To	Debtor 1 Debtor 2 Saide, Boulos G. & Saide, C	Charlene R.	Case number (f know)	
Capital One National PPO Box 26525   Last 4 digits of account number   Part 1: Creditions with Norptoriny Unsecured Claims   Part 1: Creditions with Norptoriny Unsecured Claims   Part 2: Credition with Norptoriny Unsecured Claims   Part 3: Creditions with Norptoriny Unsecured Claims   Part 3: Part 3: Creditions with Norptoriny Unsecured Claims   Part 3: Creditions with		_	tid you list the original creditor?	
Part 2: Creditors with Nonpriority Unsecured Claims			· <u> </u>	
Last 4 digits of account number   G392		<u> </u>	•	
Name and Address Chase Card PO Box 15298 Willmington, DE 19850-5298  Last 4 digits of account number G754  On which entry in Part 1 or Part 2 did you last the original creditor? Line 4.8 of (Check one):  Last 4 digits of account number G754  On which entry in Part 1 or Part 2 did you last the original creditor? Chase Card PO Box 15298 Willmington, DE 19850-5298  Last 4 digits of account number 2937  Name and Address Chase Card PO Box 15298 Willmington, DE 19850-5298  Last 4 digits of account number 2937  On which entry in Part 1 or Part 2 did you last the original creditor? Line 4.10 of (Check one):  Last 4 digits of account number 2937  Name and Address Chase Card PO Box 15298 Willmington, DE 19850-5298  Last 4 digits of account number 2937  On which entry in Part 1 or Part 2 did you last the original creditor? Line 4.10 of (Check one):  Last 4 digits of account number 0492  In Part 2. Creditors with Nonpriority Unsecured Claims Willmington, DE 19850-5298  Last 4 digits of account number 0492  On which entry in Part 1 or Part 2 did you last the original creditor? Line 4.11 of (Check one):  Last 4 digits of account number 6590  On which entry in Part 1 or Part 2 did you last the original creditor? Line 4.12 of (Check one):  Part 2. Creditors with Nonpriority Unsecured Claims Part 2. Creditors with Nonpriority Unsecured Claims Part 3. Creditors with Nonpriority Unsecured Claims Part 2. Creditors with Nonpriority Unsecured Claims Part 3. Creditors with Nonpriority Unsecured Claims Last 4 digits of account number On which entry in Part 1 or Part 2 did you last the original creditor?  Line 4.13 of (Check one):  Part 1. Creditors with Nonpriority Unsecured Claims Part 2. Creditors with Nonpriority Unsecured Claims Part 2. Creditors with Nonpriority Unsecured Claims Last 4 digits of account number ORSON 1. Part 1. Creditors with Nonpriority Unsecured Claims Part 2	Richmond, VA 23261-6625		- Fatt 2. Creditors with Nonphority Onsecured Claims	
Chase Card PO Box 15298 Willmington, DE 19850-5298 Last 4 digits of account number FOR 5624 Name and Address Chase Card PO Box 15298 Willmington, DE 19850-5298  Last 4 digits of account number Chase Card PO Box 15298 Willmington, DE 19850-5298  Last 4 digits of account number Q937  Name and Address Chase Card PO Box 15298 Willmington, DE 19850-5298  Last 4 digits of account number Q492  On which entry in Part 1 or Part 2 did you list the original creditor? Last 4 digits of account number Q492  On which entry in Part 1 or Part 2 did you list the original creditor? Last 4 digits of account number Q599 Willmington, DE 19850-5298  Last 4 digits of account number Q6 Box 15298 Willmington, DE 19850-5298  Last 4 digits of account number Q6 Box 15298 Willmington, DE 19850-5298  Last 4 digits of account number Q6 Box 15298 Willmington, DE 19850-5298  Last 4 digits of account number Q6 Box 15298 Willmington, DE 19850-5298  Last 4 digits of account number Q6 Box 15298 Willmington, DE 19850-5298  Last 4 digits of account number Q6 Box 98875 Last 4 digits of account number Q7 De Dox 98875 Last 4 digits of account number Q7 De Dox 98875 Last 4 digits of account number Q7 De Dox 98875 Last 4 digits of account number Q8 Dept of Education/Neln Last 4 digits of account number Q8 Dept of Education/Neln Last 4 digits of account number Last 4 digits of account number Q8 Dept of Education/Neln Last 4 digits of account number Last 4 digits of account number Q8 Dept of Education/Neln Last 4 digits of account number Last 4 digits of account number Q8 Dept of Education/Neln Last 4 digits of account number Last 4 digits of account number Q8 Dept of Education/Neln Last 4 digits of account number Last 4 digits of account number Q8 Dept of Education/Neln Last 4 digits of account number Last 4 digits of account number Q8 Dept of Education/Neln Last 4 digits of account number Last 4 digits of account number Q8 Dept of Leducation/Neln Last 4 digits		Last 4 digits of account number	6392	
Po Box 15298	Name and Address	On which entry in Part 1 or Part 2 or	did you list the original creditor?	
Name and Address   Chase Card PO Box 15298   Last 4 digits of account number   Part 1: Creditors with Priority Unsecured Claims   Part 2: Creditors with Priority Unsecured Claims   Part 3: Creditors with Priority Unsecured Claims   Part 4: Creditors with Prio		Line 4.8 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims	
Name and Address Chase Card PO Box 15298 Willinington, DE 19850-5298  Name and Address Willinington, DE 19850-5298  Name and Address Chase Card PO Box 15298  Willinington, DE 19850-5298  Name and Address Chase Card PO Box 15298  Willinington, DE 19850-5298  Name and Address Chase Card PO Box 15298  Willinington, DE 19850-5298  Name and Address Credit One Bank NA PO Box 15298  Willinington, DE 19850-5298  Name and Address Credit One Bank NA PO Box 15298  Name and Address Credit One Bank NA PO Box 15298  Name and Address Credit One Bank NA PO Box 15298  Name and Address Credit One Bank NA PO Box 15298  Name and Address Credit One Bank NA PO Box 15298  Name and Address Credit One Bank NA PO Box 15298  Name and Address Credit One Bank NA PO Box 15298  Name and Address Credit One Bank NA PO Box 15298  Name and Address Credit One Bank NA PO Box 15298  Name and Address Credit One Bank NA PO Box 15298  Name and Address Credit One Bank NA PO Box 15298  Name and Address Credit One Bank NA PO Box 15298  Name and Address Credit One Bank NA PO Box 15298  Name and Address Credit One Bank NA PO Box 15298  Name and Address Credit One Bank NA PO Box 15298  Name and Address On which entry in Part 1 or Part 2 did you list the original creditor?  Last 4 digits of account number  On which entry in Part 1 or Part 2 did you list the original creditor?  Last 4 digits of account number  On which entry in Part 1 or Part 2 did you list the original creditor?  Last 4 digits of account number  On which entry in Part 1 or Part 2 did you list the original creditor?  Last 4 digits of account number  Address On which entry in Part 1 or Part 2 did you list the original creditor?  Last 4 digits of account number  Address On which entry in Part 1 or Part 2 did you list the original creditor?  Last 4			■ Part 2: Creditors with Nonpriority Unsecured Claims	
Chase Card PO Box 15298 Willmington, DE 19850-5298 Last 4 digits of account number Por 12 Creditors with Nonpriority Unsecured Claims Por 12 Creditors with Nonpriority Unsecured Claims Por 12 Creditors with Nonpriority Unsecured Claims Por 15 Creditors with Nonpriority Unsecured Claims Por 16 Sept 16 Creditors with Nonpriority Unsecured Claims Por 16 Sept 16 Creditors with Nonpriority Unsecured Claims Por 16 Sept 16 Creditors with Nonpriority Unsecured Claims Por 16 Sept 16 Creditors with Nonpriority Unsecured Claims Por 16 Sept 16 Creditors with Nonpriority Unsecured Claims Por 16 Sept 16 Creditors with Nonpriority Unsecured Claims Por 16 Sept 16 Creditors with Nonpriority Unsecured Claims Por 16 Sept 16 Creditors with Nonpriority Unsecured Claims Por 16 Sept 16 Creditors with Nonpriority Unsecured Claims Por 16 Sept 16 Creditors with Nonpriority Unsecured Claims Por 17 Sept 16 Creditors with Nonpriority Unsecured Claims Por 17 Sept 16 Creditors with Nonpriority Unsecured Claims Por 17 Sept 16 Creditors with Nonpriority Unsecured Claims Por 17 Sept 16 Creditors with Nonpriority Unsecured Claims Por 17 Sept 16 Creditors with Nonpriority Unsecured Claims Por 17 Sept 16 Creditors with Nonpriority Unsecured Claims Part 2 Creditors with Nonpriority Unsecured Claims	Wilmington, DE 19850-5298	Last 4 digits of account number	6754	
Chase Card PO Box 15298 Willmington, DE 19850-5298 Last 4 digits of account number Por 12 Creditors with Nonpriority Unsecured Claims Por 12 Creditors with Nonpriority Unsecured Claims Por 12 Creditors with Nonpriority Unsecured Claims Por 15 Creditors with Nonpriority Unsecured Claims Por 16 Sept 16 Creditors with Nonpriority Unsecured Claims Por 16 Sept 16 Creditors with Nonpriority Unsecured Claims Por 16 Sept 16 Creditors with Nonpriority Unsecured Claims Por 16 Sept 16 Creditors with Nonpriority Unsecured Claims Por 16 Sept 16 Creditors with Nonpriority Unsecured Claims Por 16 Sept 16 Creditors with Nonpriority Unsecured Claims Por 16 Sept 16 Creditors with Nonpriority Unsecured Claims Por 16 Sept 16 Creditors with Nonpriority Unsecured Claims Por 16 Sept 16 Creditors with Nonpriority Unsecured Claims Por 16 Sept 16 Creditors with Nonpriority Unsecured Claims Por 17 Sept 16 Creditors with Nonpriority Unsecured Claims Por 17 Sept 16 Creditors with Nonpriority Unsecured Claims Por 17 Sept 16 Creditors with Nonpriority Unsecured Claims Por 17 Sept 16 Creditors with Nonpriority Unsecured Claims Por 17 Sept 16 Creditors with Nonpriority Unsecured Claims Por 17 Sept 16 Creditors with Nonpriority Unsecured Claims Part 2 Creditors with Nonpriority Unsecured Claims	N	0 1:1 1:5 14 5 19		
Part 2: Creditors with Nonpriority Unsecured Claims   Part 2: Greditors with Nonpriority Unsecured Claims   Part 2: Creditors with Nonpriority Unsecured C				
Name and Address Credit One Bank NA PO Box 98875 Last 4 digits of account number Part 2 did you list the original creditors' Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditors' Last 4 digits of account number Office of Check one): Part 1: Creditors with Nonpriority Unsecured Claims Po Box 15298 Wilmington, DE 19850-5298  Asset 4 digits of account number Office of Part 1: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Po Box 15298 Wilmington, DE 19850-5298  Credit One Bank NA PO Box 98875 Last 4 digits of account number Office one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Part 2		Line 4.3 of (Check one).		
Name and Address Chase Card PO Box 15298 Willimigton, DE 19850-5298  Name and Address Chase Card PO Box 15298 Willimigton, DE 19850-5298  Name and Address Chase Card PO Box 15298 Willimigton, DE 19850-5298  Name and Address Chase Card PO Box 15298 Willimigton, DE 19850-5298  On which entry in Part 1 or Part 2 did you list the original creditor? Une 4.11 of (Check one):  Deart: Creditors with Nonpriority Unsecured Claims Por 2 Creditors with N			Part 2: Creditors with Nonpriority Unsecured Claims	
Chase Card PO Box 15298 Wilmington, DE 19850-5298  Last 4 digits of account number OASY Credit One Bank NA PO Box 98875 Last 4 digits of account number OB	• ,	Last 4 digits of account number	2937	
PART 2: Creditors with Nonpriority Unsecured Claims  Williamington, DE 19850-5298  Name and Address Chase Card PO Box 15298 Williamington, DE 19850-5298  Name and Address Credit One Bank NA PO Box 98875 Las Vegas, NV 89193-8875  Las 4 digits of account number  On which entry in Part 1 or Part 2 did you list the original creditor?  Line 4.11 of (Check one):  Part 2: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Part 3: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Part 3: Creditors with Nonpriority Unsecured Claims Part 4: Creditors with Nonpriority Unsecured Claims Part 3: Statis Nonpriority Unsecured Claims Part 4: Creditors with Nonpriority Unsecured Claims Part 3: Statis Nonpriority Unsecured Claims Part 3: Creditors with Nonpriority Unsecured Claims Part 4: Creditors with Nonpriority Unsecured Claims Part 5: Creditors with Nonpriority Unsecured Claims Part 5: Creditors with Nonpriority Uns	Name and Address	On which entry in Part 1 or Part 2 or	did you list the original creditor?	
Name and Address Chase Card PO Box 15298 Willmington, DE 19850-5298  Name and Address Chase Card PO Box 15298 Willmington, DE 19850-5298  Name and Address Credit One Bank NA PO Box 98875 Las Vegas, NV 89193-8875  Name and Address Credit One Bank NA PO Box 98875 Las Vegas, NV 89193-8875  Name and Address Credit One Bank NA PO Box 98875 Las Vegas, NV 89193-8875  Name and Address Credit One Bank NA PO Box 98875 Las Vegas, NV 89193-8875  Name and Address Credit One Bank NA PO Box 98875 Las Vegas, NV 89193-8875  Name and Address Credit One Bank NA PO Box 98875 Las Vegas, NV 89193-8875  Name and Address Credit One Bank NA PO Box 98875 Las Vegas, NV 89193-8875  Name and Address Credit One Bank NA PO Box 98876 Las Vegas, NV 89193-8875  Name and Address Credit One Bank NA PO Box 98876 Las Vegas, NV 89193-8875  Name and Address Con which entry in Part 1 or Part 2 did you list the original creditor? Cline 4.13 of (Check one):  Part 2: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims  Name and Address Con which entry in Part 1 or Part 2 did you list the original creditor? Cline 4.15 of (Check one):  Part 2: Creditors with Nonpriority Unsecured Claims  Address Con which entry in Part 1 or Part 2 did you list the original creditor? Cline 4.15 of (Check one):  Part 2: Creditors with Nonpriority Unsecured Claims  Address Con which entry in Part 1 or Part 2 did you list the original creditor? Cline 4.16 of (Check one):  Part 2: Creditors with Nonpriority Unsecured Claims  Address Con which entry in Part 1 or Part 2 did you list the original creditor? Cline 4.18 of (Check one):  Part 2: Creditors with Nonpriority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims  Address Con which entry in Part 1 or Part 2 did you list the original creditor? Cline 4.18 of (Check one):  Part 2: Creditors with Nonpriority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims  Part 2: Creditors with Nonpriority Uns		Line 4.10 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims	
Name and Address Credit One Bank NA PO Box 98875 Last 4 digits of account number  On which entry in Part 1 or Part 2 did you list the original creditor?  Last 4 digits of account number  6590  Name and Address Credit One Bank NA PO Box 98875 Last 998875 Last 4 digits of account number  Sos 98875 Last 4 digits of account number  On which entry in Part 1 or Part 2 did you list the original creditor?  Last 4 digits of account number  Sos 98875 Last 4 digits of account number  On which entry in Part 1 or Part 2 did you list the original creditor?  Last 4 digits of account number  On which entry in Part 1 or Part 2 did you list the original creditor?  Last 4 digits of account number  On which entry in Part 1 or Part 2 did you list the original creditor?  Last 4 digits of account number  On which entry in Part 1 or Part 2 did you list the original creditor?  Last 4 digits of account number  On which entry in Part 1 or Part 2 did you list the original creditor?  Last 4 digits of account number  On which entry in Part 1 or Part 2 did you list the original creditor?  Last 4 digits of account number  Address  Dept of Education/Neln 121 S 13th St Lincoln, NE 68508-1904  Name and Address  Don which entry in Part 1 or Part 2 did you list the original creditor?  Last 4 digits of account number  Address  Last 4 digits of account number  Address  On which entry in Part 1 or Part 2 did you list the original creditor?  Last 4 digits of account number  Address  On which entry in Part 1 or Part 2 did you list the original creditor?  Line 4.16 or (Check one):  Part 2: Creditors with Nonpriority Unsecured Claims  Last 4 digits of account number  Address  On which entry in Part 1 or Part 2 did you list the original creditor?  Line 4.16 or (Check one):  Part 2: Creditors with Nonpriority Unsecured Claims  East 4 digits of account number  Address  Last 4 digits of account number  Address  On which entry in Part 1 or Part 2 did you list the original creditor?  Line 4.18 or (Check one):  Part 2: Creditors with Nonpriority Unsecured Claim			■ Part 2: Creditors with Nonpriority Unsecured Claims	
Name and Address Chase Card PO Box 15298 Willmington, DE 19850-5298  Name and Address Credit One Bank NA PO Box 98875 Last Vegas, NV 89193-8875  Name and Address Credit One Bank NA PO Box 98875 Last 4 digits of account number  S518  On which entry in Part 1 or Part 2 did you list the original creditor?  Last 4 digits of account number  S518  Name and Address Credit One Bank NA PO Box 98875 Last Vegas, NV 89193-8875  Last 4 digits of account number  S518  On which entry in Part 1 or Part 2 did you list the original creditor?  Last 4 digits of account number  S518  On which entry in Part 1 or Part 2 did you list the original creditor?  Last 4 digits of account number  S518  On which entry in Part 1 or Part 2 did you list the original creditor?  Last 4 digits of account number  O654  Name and Address Dept of Education/NeIn 121 S 13th St Lincoln, NE 68508-1904  Name and Address On which entry in Part 1 or Part 2 did you list the original creditor?  Last 4 digits of account number  O654  On which entry in Part 1 or Part 2 did you list the original creditor?  Last 4 digits of account number  O654  On which entry in Part 1 or Part 2 did you list the original creditor?  Last 4 digits of account number  O654  On which entry in Part 1 or Part 2 did you list the original creditor?  Last 4 digits of account number  O654  On which entry in Part 1 or Part 2 did you list the original creditor?  Last 4 digits of account number  O654  On which entry in Part 1 or Part 2 did you list the original creditor?  Last 4 digits of account number  O654  On which entry in Part 1 or Part 2 did you list the original creditor?  Last 4 digits of account number  O654  On which entry in Part 1 or Part 2 did you list the original creditor?  Last 4 digits of account number  On which entry in Part 1 or Part 2 did you list the original creditor?  Line 4.16 of (Check one):  Part 1: Creditors with Nonpriority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims  Part 2: Creditors w	Wilmington, DE 19850-5298	Last 4 digits of account number	0492	
Chase Card PO Box 15298 Wilmington, DE 19850-5298 Last 4 digits of account number Credit One Bank NA PO Box 98875 Las Vegas, NV 89193-8875  Name and Address Credit One Bank NA PO Box 98875 Last 4 digits of account number S518  Name and Address Credit One Bank NA PO Box 98875 Last 4 digits of account number S518  Name and Address Credit One Bank NA PO Box 98875 Last 4 digits of account number S518  Name and Address Credit One Bank NA PO Box 98875 Last 4 digits of account number S518  Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.13 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number O654  Name and Address Dept of Education/Neln 121 S 13th St Lincoln, NE 68508-1904  Name and Address Dept of Education/Neln 121 S 13th St Lincoln, NE 68508-1904  Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Last 4 digits of account number O674  Name and Address Dept of Education/Neln 121 S 13th St Lincoln, NE 68508-1904  Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.16 of (Check one): Part 1: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number A574  Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.18 of (Check one): Part 2: Creditors with Nonpriority Unsecured Claims Par		0 111 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Part 2: Creditors with Nonpriority Unsecured Claims				
Name and Address   Credit One Bank NA PO Box 98875   Last 4 digits of account number   Part 2 did you list the original creditor?   Unsecured Claims   Part 2 didy sou list the original creditor?   Part 2: Creditors with Nonpriority Unsecured Claims   Part 2: Statistics   Part 2: Creditors with Nonpriority Unsecured Claims   Part 2: Statistics   Part 3: Creditors with Priority Unsecured Claims   Part 2: Statistics   Part 3: Creditors with Nonpriority Unsecured Claims   Part 2: Statistics   Part 3: Creditors with Nonpriority Unsecured Claims   Part 2: Statistics   Part 3: Creditors with Nonpriority Unsecured Claims   Part 2: Statistics   Part 3: Creditors with Nonpriority Unsecured Claims   Part 2: Creditors with Nonpriority Unsecured Claims   Part 3: Creditors with Priority Unsecured Claims   Part 3: Creditors with Nonpriority Unsecured Claims   Part 3:		Line 4.11 of (Check one).		
Name and Address Credit One Bank NA PO Box 98875 Last Vegas, NV 89193-8875  Name and Address Credit One Bank NA PO Box 98875 Last 4 digits of account number  Sourcedit One Bank NA PO Box 98875 Last Vegas, NV 89193-8875  Name and Address Credit One Bank NA PO Box 98875 Last Vegas, NV 89193-8875  Name and Address Credit One Bank NA PO Box 98875 Last 4 digits of account number  Sourcedit One Bank NA PO Box 98875 Last 4 digits of account number  Name and Address Credit One Bank NA PO Box 98875 Last 4 digits of account number  On which entry in Part 1 or Part 2 did you list the original creditor?  Last 4 digits of account number  On which entry in Part 1 or Part 2 did you list the original creditor?  Last 4 digits of account number  On which entry in Part 1 or Part 2 did you list the original creditor?  Last 4 digits of account number  Address Dept of Education/Neln 121 S 13th St Lincoln, NE 68508-1904  Name and Address Dept of Education/Neln 121 S 13th St Lincoln, NE 68508-1904  Name and Address Dept of Education/Neln 121 S 13th St Lincoln, NE 68508-1904  Name and Address Dept of Education/Neln 121 S 13th St Lincoln, NE 68508-1904  Name and Address Dept of Education/Neln 121 S 13th St Lincoln, NE 68508-1904  Name and Address Dept of Education/Neln 121 S 13th St Lincoln, NE 68508-1904  Name and Address Dept of Education/Neln 121 S 13th St Lincoln, NE 68508-1904  Name and Address On which entry in Part 1 or Part 2 did you list the original creditor?  Line 4.16 of (Check one): Part 1: Creditors with Nonpriority Unsecured Claims  Last 4 digits of account number  A530  Name and Address Last 4 digits of account number  A530  Name and Address Lendingclub Corporat 1 Stevenson St Ste 300 San Francisco, CA 94105-2985  Last 4 digits of account number  A530  On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.20 of (Check one): Part 1: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Part 2: Creditors wi			■ Part 2: Creditors with Nonpriority Unsecured Claims	
Credit One Bank NA PO Box 98875 Las Vegas, NV 89193-8875       Line 4.12 of (Check one):	<b>G</b> ,	Last 4 digits of account number	6590	
POBOX 98875 Las Vegas, NV 89193-8875 Las Vegas, NV 89193-8875 Last 4 digits of account number 5518  On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.13 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Nonpriori	Name and Address	On which entry in Part 1 or Part 2 or	did you list the original creditor?	
Last 4 digits of account number    Solid   Check one		Line 4.12 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims	
Name and Address Last 4 digits of account number    Description   Descri			■ Part 2: Creditors with Nonpriority Unsecured Claims	
Credit One Bank NA PO Box 98875       Line 4.13 of (Check one):       □ Part 1: Creditors with Priority Unsecured Claims         Las Vegas, NV 89193-8875       □ Part 2: Creditors with Nonpriority Unsecured Claims         Name and Address       On which entry in Part 1 or Part 2 did you list the original creditor?         Dept of Education/NeIn 121 S 13th St Lincoln, NE 68508-1904       □ Part 1: Creditors with Priority Unsecured Claims         Name and Address Dept of Education/NeIn 121 S 13th St Lincoln, NE 68508-1904       □ On which entry in Part 1 or Part 2 did you list the original creditor?         Lincoln, NE 68508-1904       □ Part 1: Creditors with Priority Unsecured Claims         Last 4 digits of account number       □ Part 1: Creditors with Priority Unsecured Claims         Lincoln, NE 68508-1904       □ Part 1: Or Part 2 did you list the original creditor?         Last 4 digits of account number       □ Part 1: Creditors with Nonpriority Unsecured Claims         Last 4 digits of account number       □ Part 1: Creditors with Priority Unsecured Claims         First Premier Bank 601 S Minnesota Ave Sioux Falls, SD 57104-4824       □ Part 1: Or Part 2 did you list the original creditor?         Lendingclub Corporat 71 Stevenson St Ste 300 San Francisco, CA 94105-2985       □ On which entry in Part 1 or Part 2 did you list the original creditor?         Last 4 digits of account number       □ Part 1: Creditors with Nonpriority Unsecured Claims         □ Part 2: Creditors with Nonpriority Unsecured Claims	Las vegas, NV 89193-8875	Last 4 digits of account number	5518	
Credit One Bank NA PO Box 98875       Line 4.13 of (Check one):       □ Part 1: Creditors with Priority Unsecured Claims         Las Vegas, NV 89193-8875       □ Part 2: Creditors with Nonpriority Unsecured Claims         Name and Address       On which entry in Part 1 or Part 2 did you list the original creditor?         Dept of Education/NeIn 121 S 13th St Lincoln, NE 68508-1904       □ Part 1: Creditors with Priority Unsecured Claims         Name and Address Dept of Education/NeIn 121 S 13th St Lincoln, NE 68508-1904       □ On which entry in Part 1 or Part 2 did you list the original creditor?         Lincoln, NE 68508-1904       □ Part 1: Creditors with Priority Unsecured Claims         Last 4 digits of account number       □ Part 1: Creditors with Priority Unsecured Claims         Lincoln, NE 68508-1904       □ Part 1: Or Part 2 did you list the original creditor?         Last 4 digits of account number       □ Part 1: Creditors with Nonpriority Unsecured Claims         Last 4 digits of account number       □ Part 1: Creditors with Priority Unsecured Claims         First Premier Bank 601 S Minnesota Ave Sioux Falls, SD 57104-4824       □ Part 1: Or Part 2 did you list the original creditor?         Lendingclub Corporat 71 Stevenson St Ste 300 San Francisco, CA 94105-2985       □ On which entry in Part 1 or Part 2 did you list the original creditor?         Last 4 digits of account number       □ Part 1: Creditors with Nonpriority Unsecured Claims         □ Part 2: Creditors with Nonpriority Unsecured Claims	Name and Address	On which entry in Part 1 or Part 2 or	did you list the original creditor?	
Part 2: Creditors with Nonpriority Unsecured Claims  Last 4 digits of account number  On which entry in Part 1 or Part 2 did you list the original creditor?  Last 4 digits of account number  On which entry in Part 1 or Part 2 did you list the original creditor?  Last 4 digits of account number  At 15 of (Check one):  Part 2: Creditors with Nonpriority Unsecured Claims			· _	
Last 4 digits of account number  On which entry in Part 1 or Part 2 did you list the original creditor?  Dept of Education/NeIn 121 S 13th St Lincoln, NE 68508-1904  Name and Address  Dept of Education/NeIn 121 S 13th St Lincoln, NE 68508-1904  Name and Address  Dept of Education/NeIn 121 S 13th St Lincoln, NE 68508-1904  Name and Address  Dept of Education/NeIn 121 S 13th St Lincoln, NE 68508-1904  Name and Address  Don which entry in Part 1 or Part 2 did you list the original creditor?  Last 4 digits of account number  On which entry in Part 1 or Part 2 did you list the original creditor?  Last 4 digits of account number  Address  Dept of Education/NeIn 121 S 13th St Lincoln, NE 68508-1904  Name and Address  First Premier Bank 601 S Minnesota Ave Sioux Falls, SD 57104-4824  Name and Address  Last 4 digits of account number  Address  Last 4 digits of account number  Address  Last 4 digits of account number  Address  Don which entry in Part 1 or Part 2 did you list the original creditor?  Line 4.18 of (Check one):  Part 2: Creditors with Nonpriority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims  Last 4 digits of account number  4530  On which entry in Part 1 or Part 2 did you list the original creditor?  Line 4.20 of (Check one):  Part 2: Creditors with Nonpriority Unsecured Claims  Last 4 digits of account number  Part 2: Creditors with Nonpriority Unsecured Claims  Last 4 digits of account number  Part 2: Creditors with Nonpriority Unsecured Claims  Last 4 digits of account number	PO Box 98875	,		
Name and Address  Dept of Education/NeIn 121 S 13th St Lincoln, NE 68508-1904  Name and Address  Dept of Education/NeIn 121 S 13th St Lincoln, NE 68508-1904  Dept of Education/NeIn 121 S 13th St Lincoln, NE 68508-1904  On which entry in Part 1 or Part 2 did you list the original creditor?  Last 4 digits of account number  G474  On which entry in Part 1 or Part 2 did you list the original creditor?  Line 4.16 of (Check one):  Part 1: Creditors with Nonpriority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims  Last 4 digits of account number  G574  Name and Address  First Premier Bank 601 S Minnesota Ave Sioux Falls, SD 57104-4824  Name and Address  Last 4 digits of account number  G574  On which entry in Part 1 or Part 2 did you list the original creditor?  Line 4.18 of (Check one):  Part 1: Creditors with Nonpriority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims  Con which entry in Part 1 or Part 2 did you list the original creditor?  Last 4 digits of account number  4530  Name and Address  Lendingclub Corporat 71 Stevenson St Ste 300 San Francisco, CA 94105-2985  Last 4 digits of account number  Q1 Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Priority Unsecured Claims  Part 2: Creditors with Priority Unsecured Claims  Part 2: Creditors with Priority Unsecured Claims  Last 4 digits of account number  Q284	Las Vegas, NV 89193-8875	Local Adjuster of construction	, ,	
Dept of Education/NeIn 121 S 13th St Lincoln, NE 68508-1904  Name and Address Dept of Education/NeIn 121 S 13th St Lincoln, NE 68508-1904  Name and Address Dept of Education/NeIn 121 S 13th St Lincoln, NE 68508-1904  Name and Address Dept of Education/NeIn 121 S 13th St Lincoln, NE 68508-1904  Name and Address Con which entry in Part 1 or Part 2 did you list the original creditor?  Last 4 digits of account number  6574  On which entry in Part 1 or Part 2 did you list the original creditor?  Last 4 digits of account number  6574  On which entry in Part 1 or Part 2 did you list the original creditor?  Line 4.18 of (Check one): Part 1: Creditors with Nonpriority Unsecured Claims  First Premier Bank 601 S Minnesota Ave Sioux Falls, SD 57104-4824  Name and Address Last 4 digits of account number  4530  On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.20 of (Check one): Part 2: Creditors with Nonpriority Unsecured Claims  Last 4 digits of account number  4530  On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.20 of (Check one): Part 2: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims  Last 4 digits of account number  9284		Last 4 digits of account number	0654	
Part 2: Creditors with Nonpriority Unsecured Claims				
Last 4 digits of account number    Composition		Line <b>4.15</b> of ( <i>Check one</i> ):	☐ Part 1: Creditors with Priority Unsecured Claims	
Name and Address Dept of Education/NeIn 121 S 13th St Lincoln, NE 68508-1904  Name and Address Last 4 digits of account number  Cast 5 digits 4 digits of account number  Cast 4 digits of account num			Part 2: Creditors with Nonpriority Unsecured Claims	
Dept of Education/NeIn 121 S 13th St Lincoln, NE 68508-1904  Last 4 digits of account number  Name and Address First Premier Bank 601 S Minnesota Ave Sioux Falls, SD 57104-4824  Name and Address Last 4 digits of account number  Name and Address Last 4 digits of account number  Name and Address Last 4 digits of account number  Name and Address Last 4 digits of account number  Name and Address Last 4 digits of account number  Name and Address Lendingclub Corporat 71 Stevenson St Ste 300 San Francisco, CA 94105-2985  Last 4 digits of account number  Line 4.16 of (Check one):  Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Priority Unsecured Claims Part 2: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims	LIIICOIII, NE 00300-1904	Last 4 digits of account number	6474	
Dept of Education/NeIn 121 S 13th St Lincoln, NE 68508-1904  Last 4 digits of account number  Name and Address First Premier Bank 601 S Minnesota Ave Sioux Falls, SD 57104-4824  Name and Address Last 4 digits of account number  Name and Address Last 4 digits of account number  Name and Address Last 4 digits of account number  Name and Address Last 4 digits of account number  Name and Address Last 4 digits of account number  Name and Address Lendingclub Corporat 71 Stevenson St Ste 300 San Francisco, CA 94105-2985  Last 4 digits of account number  Line 4.16 of (Check one):  Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Priority Unsecured Claims Part 2: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims	Name and Address	On which entry in Part 1 or Part 2 o	did you list the original creditor?	
121 S 13th St Lincoln, NE 68508-1904  Last 4 digits of account number  6574  Name and Address First Premier Bank 601 S Minnesota Ave Sioux Falls, SD 57104-4824  Name and Address Last 4 digits of account number  At 10 Part 2 did you list the original creditor? Line 4.18 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims  On which entry in Part 1 or Part 2 did you list the original creditor? Lendingclub Corporat 71 Stevenson St Ste 300 San Francisco, CA 94105-2985  Last 4 digits of account number  9284		, and the second	, _	
Last 4 digits of account number    Consider the content of the con	121 S 13th St		·	
Name and Address First Premier Bank 601 S Minnesota Ave Sioux Falls, SD 57104-4824  Name and Address Last 4 digits of account number Line 4.18 of (Check one):  Part 2: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims  Last 4 digits of account number  Part 2 did you list the original creditor?  Line 4.20 of (Check one):  Part 1: Creditors with Priority Unsecured Claims Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims	Lincoln, NE 68508-1904	Last 4 digits of account number	·	
First Premier Bank 601 S Minnesota Ave Sioux Falls, SD 57104-4824  Last 4 digits of account number  Name and Address Lendingclub Corporat 71 Stevenson St Ste 300 San Francisco, CA 94105-2985  Line 4.18 of (Check one):  Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Priority Unsecured Claims Part 1 or Part 2 did you list the original creditor? Line 4.20 of (Check one):  Part 2: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims				
601 S Minnesota Ave Sioux Falls, SD 57104-4824  Last 4 digits of account number  A530  Name and Address Lendingclub Corporat 71 Stevenson St Ste 300 San Francisco, CA 94105-2985  Last 4 digits of account number  Part 2: Creditors with Nonpriority Unsecured Claims Part 1 or Part 2 did you list the original creditor? Line 4.20 of (Check one):  Part 2: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims		•	, _	
Name and Address Lendingclub Corporat 71 Stevenson St Ste 300 San Francisco, CA 94105-2985  Last 4 digits of account number  Last 4 digits of account number  4530  On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.20 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims		Line interest	·	
Name and Address  Lendingclub Corporat 71 Stevenson St Ste 300 San Francisco, CA 94105-2985  Con which entry in Part 1 or Part 2 did you list the original creditor?  Line 4.20 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims	Sioux Falls, SD 57104-4824		·	
Lendingclub Corporat 71 Stevenson St Ste 300 San Francisco, CA 94105-2985  Last 4 digits of account number  □ Part 1: Creditors with Priority Unsecured Claims □ Part 2: Creditors with Nonpriority Unsecured Claims 9284		Last 4 digits of account number	4530	
71 Stevenson St Ste 300 San Francisco, CA 94105-2985 Last 4 digits of account number 9284		· · · · · · · · · · · · · · · · · · ·		
San Francisco, CA 94105-2985  Last 4 digits of account number 9284		Line <b>4.20</b> of ( <i>Check one</i> ):		
Last 4 digits of account number 9284			■ Part 2: Creditors with Nonpriority Unsecured Claims	
Name and Address  On which entry in Part 1 or Part 2 did you list the original creditor?	Jan 1 141101300, OA 34103-2303	Last 4 digits of account number	9284	
	Name and Address	On which entry in Part 1 or Part 2 or	did you list the original creditor?	

Official Form 106 E/F

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Midland Credit Management, Inc.	Line <b>4.22</b> of ( <i>Check one</i> ):	☐ Part 1: Creditors with Priority Unsecured Claims
365 Northside Dr Ste 300 San Diego, CA 92108-2709		■ Part 2: Creditors with Nonpriority Unsecured Claims
all Diego, GA 32100-2103	Last 4 digits of account number	8633
me and Address	On which entry in Part 1 or Part 2 di	
verton Russell Doerr 9 Halfmoon Executive Pa	Line 4.1 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims
lifton Park, NY 12065		■ Part 2: Creditors with Nonpriority Unsecured Claims
	Last 4 digits of account number	892Y
me and Address verton Russell Doerr	On which entry in Part 1 or Part 2 di Line <b>4.2</b> of ( <i>Check one</i> ):	id you list the original creditor?  Part 1: Creditors with Priority Unsecured Claims
Halfmoon Executive Pa	Line 412 of (Orlean one).	Part 2: Creditors with Nonpriority Unsecured Claims
ifton Park, NY 12065	Last 4 digits of account number	895Y
me and Address	On which entry in Part 1 or Part 2 di	· ·
verton Russell Doerr	Line <u>4.3</u> of ( <i>Check one</i> ):	Part 1: Creditors with Priority Unsecured Claims
9 Halfmoon Executive Pa lifton Park, NY 12065		■ Part 2: Creditors with Nonpriority Unsecured Claims
•	Last 4 digits of account number	894Y
ame and Address	On which entry in Part 1 or Part 2 di	· _ ·
yncb/lowes O Box 965005	Line 4.23 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims
rlando, FL 32896-5005		■ Part 2: Creditors with Nonpriority Unsecured Claims
	Last 4 digits of account number	5718
ame and Address	On which entry in Part 1 or Part 2 di	
yncb/paypal Smart Con O Box 965005	Line 4.24 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims
rlando, FL 32896-5005		■ Part 2: Creditors with Nonpriority Unsecured Claims
	Last 4 digits of account number	6317
me and Address	On which entry in Part 1 or Part 2 di	
d Bank USA/Targetcred O Box 673	Line <b>4.25</b> of ( <i>Check one</i> ):	Part 1: Creditors with Priority Unsecured Claims
inneapolis, MN 55440-0673		■ Part 2: Creditors with Nonpriority Unsecured Claims
• ,	Last 4 digits of account number	1763
me and Address	On which entry in Part 1 or Part 2 di	· _ ·
S Dept of Ed/Glelsi O Box 7860	Line <b>4.26</b> of ( <i>Check one</i> ):	Part 1: Creditors with Priority Unsecured Claims
adison, WI 53707-7860		■ Part 2: Creditors with Nonpriority Unsecured Claims
·	Last 4 digits of account number	9581
ame and Address	On which entry in Part 1 or Part 2 di	,
S Dept of Ed/Glelsi O Box 7860	Line <b>4.27</b> of ( <i>Check one</i> ):	☐ Part 1: Creditors with Priority Unsecured Claims
ladison, WI 53707-7860		■ Part 2: Creditors with Nonpriority Unsecured Claims
•	Last 4 digits of account number	8581
Add the American for Foot Trans	of Unacquired Claim	
art 4: Add the Amounts for Each Type		ical reporting purposes only. 28 U.S.C. §159. Add the amounts for

				l otal Claim
6a.	Domestic support obligations	6a.	\$	0.00
6b.	Taxes and certain other debts you owe the government	6b.	\$	0.00
6c.	Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$	0.00
_		_		
6e.	<b>Total Priority.</b> Add lines 6a through 6d.	6e.	\$	0.00
	6b. 6c.	<ul> <li>6b. Taxes and certain other debts you owe the government</li> <li>6c. Claims for death or personal injury while you were intoxicated</li> <li>6d. Other. Add all other priority unsecured claims. Write that amount here.</li> </ul>	6b. Taxes and certain other debts you owe the government 6b. 6c. Claims for death or personal injury while you were intoxicated 6c. 6d. Other. Add all other priority unsecured claims. Write that amount here. 6d.	6a. Domestic support obligations 6a. \$  6b. Taxes and certain other debts you owe the government 6b. \$  6c. Claims for death or personal injury while you were intoxicated 6c. \$  6d. Other. Add all other priority unsecured claims. Write that amount here. 6d. \$

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Debtor 1 Debtor 2 Saide, Boulos G. & Saide, Charlene R.

Case number (if know)

				Total Claim
	6f.	Student loans	6f.	\$ 32,232.00
Total claims				
from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ 0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ 0.00
	6i.	<b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 35,235.00
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$ 67,467.00

Official Form 106 E/F

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		170.1111	<u> </u>
Fill in this infor	mation to identify your	case:	
Debtor 1	Boulos G. Saide		
	First Name	Middle Name	Last Name
Debtor 2	Charlene R. Said	le	
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:		NORTHERN DISTRICT	OF NEW YORK, UTICA DIVISION
Case number (if known)			

#### Official Form 106G

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	r company with	whom you have the , Street, City, State and ZIF	e contract or lease	State what the contract or lease is for
.1		Name, Number	, Street, City, State and Zir	Code	
	Name				_
	Number	Street			<u> </u>
	City		State	ZIP Code	
.2	Name				<u> </u>
	Number	Street			
.3	City		State	ZIP Code	<del></del>
.3	Name				<del></del>
	Number	Street			<u> </u>
	City		State	ZIP Code	
.4	Name				<u> </u>
	Number	Street			
_	City		State	ZIP Code	
.5	Name				<u> </u>
	Number	Street			<u> </u>
	City		State	ZIP Code	<u> </u>

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		Docum	ent Page 45 o	f 66	
Fill in this	information to identify you	r case:			
Debtor 1	Boulos G. Saide				
Debtor 2	First Name	Middle Name	Last Name		
Spouse if, fil	Charlene R. Sai	Middle Name	Last Name		
Jnited Sta	ates Bankruptcy Court for the:	NORTHERN DISTRIC	T OF NEW YORK, UTICA	ADIVISION	
Case num	ber				Ohaal Kilkis is a
ii Kilowii)				-	Check if this is an amended filing
Officia	l Form 106H				
	lule H: Your Co	debtors			12/15
<del>, , , , , , , , , , , , , , , , , , , </del>	iaio III. I oai oo	<del>1001010</del>			12/13
nd numb ase numb		n the left. Attach the Addi question.	tional Page to this page.	ore space is needed, copy the Add On the top of any Additional Pag a codebtor.	
	,		·		
■ No □ Yes	8				
2 Wit	hin the last 8 years, have ye	ou lived in a community n	roperty state or territory	? (Community property states and to	erritories include Arizona
	rnia, Idaho, Louisiana, Nevad				ermones include Anzona,
■ No	. Go to line 3.				
☐ Yes	s. Did your spouse, former spo	ouse, or legal equivalent live	with you at the time?		
line 2	again as a codebtor only if , Schedule E/F (Official Forr	that person is a guarantor	or cosigner. Make sure	your spouse is filing with you. Li you have listed the creditor on S e Schedule D, Schedule E/F, or Sc	chedule D (Official Form
	Column 1: Your codebtor Name, Number, Street, City, State and	d ZIP Code		Column 2: The creditor to who Check all schedules that apply	•
3.1				☐ Schedule D, line	
	Name			Schedule E/F, line	<del></del>
				☐ Schedule G, line	<del></del>
,	Number Street City	State	ZIP Code	-	
3.2				Schedule D, line	
	Name			☐ Schedule E/F, line	
				☐ Schedule G, line	
	Number Street City	State	ZIP Code		

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	in this information to identify y	our cooc				1			
	in this information to identify you	G. Saide							
1 .		ne R. Saide							
Unit	ted States Bankruptcy Court fo	or the: NORTHER DIVISION	N DISTRICT OF NEW	YORK, UTICA					
(lf kn	e number own)								hapter 13
	fficial Form 106l					MM / DD/	YYYY		
So	chedule I: Your I	ncome							12/15
supp spou attac		you are married an I your spouse is no orm. On the top of a	d not filing jointly, an t filing with you, do no	d your spouse is ot include inform	s livir atior	ng with you, inclu n about your spo	de informatior use. If more sp	n about yo ace is nee	ur eded,
1.	Fill in your employment information.		Debtor 1			Debtor	2 or non-filing	spouse	
	If you have more than one job	Employmen	☐ Emplo	yed		■ Emp	■ Employed		
	attach a separate page with information about additional employers.	Linploymen	■ Not en	nployed		☐ Not e	☐ Not employed		
		Occupation	Occupation Unemployed			Residential Manager			
	Include part-time, seasonal, self-employed work.	or Employer's	name			Living	Resources		
	Occupation may include stude homemaker, if it applies.	dent or Employer's	address 				300 Washington Avenue Ext Albany, NY 12203-7303		
		How long en	nployed there?				18 years		
Par	t 2: Give Details About	t Monthly Income							
	mate monthly income as of t ss you are separated.	he date you file this	form. If you have noth	ing to report for ar	ny line	e, write \$0 in the sp	ace. Include yo	ur non-filinç	g spouse
	u or your non-filing spouse have e, attach a separate sheet to th		loyer, combine the infor	mation for all empl	loyers	s for that person or	the lines below	ı. If you nee	ed more
						For Debtor 1	For Debtor non-filing		
2.	List monthly gross wages, deductions). If not paid mont				\$	0.00	\$5	,424.88	
3.	Estimate and list monthly of	overtime pay.		3.	+\$	0.00	+\$	0.00	
4.	Calculate gross Income. A	dd line 2 + line 3.		4.	\$	0.00	\$ 5,42	24.88	

Official Form 106I Schedule I: Your Income page 1

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Debtor 2 Saide, Boulos G. & Saide, Charlene R.			Case number (if known)					
	Con	v line 4 hore	4	For	Debtor 1		btor 2 or ng spouse	
		y line 4 here	4.	Φ	0.00	Φ	5,424.88	
5.	List	all payroll deductions:						
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	0.00	\$	864.38	
	5b.	Mandatory contributions for retirement plans	5b.	\$	0.00	\$	0.00	
	5c.	Voluntary contributions for retirement plans	5c.	\$	0.00	\$	0.00	
	5d.	Required repayments of retirement fund loans	5d.	\$	0.00	\$	0.00	
	5e.	Insurance	5e.	\$	0.00	\$	650.95	
	5f.	Domestic support obligations	5f.	\$	0.00	\$	0.00	
	5g.	Union dues	5g.	\$	0.00	\$	0.00	
	5h.	Other deductions. Specify:	5h.+	\$	0.00	⊦ \$	0.00	
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	0.00	\$	1,515.33	
7.	Calc	ulate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	0.00	\$	3,909.55	
8.	List a	all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	0.00	\$	0.00	
	8b.	Interest and dividends	8b.	\$	0.00	\$	0.00	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.		*— \$	0.00	\$	0.00	
	8d.	Unemployment compensation	8d.	\$	0.00	\$	0.00	
	8e.	Social Security	8e.	<b>\$</b>	0.00	\$	0.00	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.	\$	0.00	\$	0.00	
	8g.	Pension or retirement income	—— 8g.	\$	0.00	\$	0.00	
	8h.	Other monthly income. Specify:	8h.+	\$	0.00	+ \$	0.00	
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	0.00	\$	0.00	
10	Calc	ulate monthly income. Add line 7 + line 9.	10. \$		0.00 + \$	2 000	.55 = \$ 3	3,909.55
10.		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.   \$			3,909	.55   -   \$3	5,909.55
11.	State Inclu	e all other regular contributions to the expenses that you list in Schedule de contributions from an unmarried partner, members of your household, your defineds or relatives.  ot include any amounts already included in lines 2-10 or amounts that are not as	dependen		•	Schedule	<i>J.</i> 11. <b>+</b> \$	0.00
12.		the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certain					12. \$ <b>3</b>	3,909.55 d
10	Da	ou expect an increase or decrease within the view often view file this form					monthly i	income
١٥.	<b>■</b>	ou expect an increase or decrease within the year after you file this form No.	ır					
		Yes. Explain:						

Official Form 106I Schedule I: Your Income page 2

Fill	in this informa	tion to identify yo	ur case:					
Deb	otor 1	Boulos G. S	aide				eck if this is:	
Deh	otor 2	Charlene D	Caida				An amended filing	ing postpotition abouter 12
	ouse, if filing)	Charlene R.	Saide				expenses as of the	ving postpetition chapter 13 following date:
Unit	ted States Bankı	ruptcy Court for the:	: NORTH	HERN DISTRICT OF NEW	YORK, UTICA		MM / DD / YYYY	
1	se number (nown)							
0	fficial Fo	orm 106J						
S	chedule	J: Your I	Expen	ses				12/1:
Be info (if I	as complete a ormation. If m known). Answ	and accurate as ore space is need ore every question	possible. eded, attac on.	If two married people are th another sheet to this fo				
Par 1.	t 1: Desci	ribe Your House	hold					
٠.	□ No. Go to							
	_	s Debtor 2 live i	n a separa	te household?				
	<b>■</b> N	lo		al Form 106J-2, <i>Expenses t</i>	for Separate Househ	oldof Debi	tor 2.	
2.	Do you bay	o donondonte?	Пль	•	•			
۷.	•	e dependents?	□ No	Fill out this information for	Daman dantia valati	anahin ta	Denendentie	Dage demandant
	Do not list D Debtor 2.	ebtor 1 and	Yes.	Fill out this information for each dependent	Dependent's relati Debtor 1 or Debtor		Dependent's age	Does dependent live with you?
	Do not state	the						□ No
	dependents				Son		21	■ Yes
								□ No
								Yes
								□ No
								☐ Yes ☐ No
								☐ Yes
3.	Do your exp	enses include		No				<b>—</b> 103
		f people other the d your depender	nan $_{\square}$	Yes				
exp	timate your ex		our bankru	y Expenses ptcy filing date unless yo is filed. If this is a supple				
val		sistance and ha		overnment assistance if yed it on Schedule I: Your I			Your exp	enses
•		•						
4.		or home ownersl and any rent for the		ses for your residence. Ind lot.	clude first mortgage	4.	\$	1,250.00
	If not include	led in line 4:						
	4a. Real e	estate taxes				4a.	\$	0.00
	•	rty, homeowner's	•			4b.	\$	0.00
				pkeep expenses		4c.		100.00
5.		owner's associati		ominium dues ur residence, such as hom	ne equity loans	4d. 5.	·	0.00
	AUUILIOHALI	HOLLIGATE DAVILLE	anto iui vu	ar regimence, outling hom	IC CUUILV IUAIID	. 1.	NJ	

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Debtor 1 Debtor 2	Saide, Boulos G. & Saide, Charlene R.	Case number (if known)	Case number (if known)			
S. Utili	ties:					
6a.	Electricity, heat, natural gas	6a. \$	300.00			
6b.	Water, sewer, garbage collection	6b. \$	50.00			
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c. \$	250.00			
6d.	Other. Specify:	6d. \$	0.00			
. Foo	d and housekeeping supplies	7. \$	600.00			
. Chil	dcare and children's education costs	8. \$	0.00			
. Clot	hing, laundry, and dry cleaning	9. \$	150.00			
). Pers	onal care products and services	10. \$	200.00			
1. Med	ical and dental expenses	11. \$	150.00			
	asportation. Include gas, maintenance, bus or train fare. not include car payments.	12. \$	425.00			
3. Ente	ertainment, clubs, recreation, newspapers, magazines, and books	13. \$	150.00			
l. Cha	ritable contributions and religious donations	14. \$	50.00			
5. <b>Insu</b>	rance.					
	not include insurance deducted from your pay or included in lines 4 or 20.	45- 6				
	Life insurance	15a. \$	20.00			
	Health insurance	15b. \$	0.00			
	Vehicle insurance	15c. \$	175.00			
	Other insurance. Specify:	15d. \$	0.00			
Spec	·	16. \$	0.00			
	allment or lease payments:	47				
	Car payments for Vehicle 1	17a. \$	0.00			
	Car payments for Vehicle 2	17b. \$	0.00			
	Other. Specify:	17c. \$	0.00			
	Other. Specify:	17d. \$	0.00			
	r payments of alimony, maintenance, and support that you did not rep		0.00			
	ucted from your pay on line 5, Schedule I, Your Income (Official Form 1 or payments you make to support others who do not live with you.	υδί).	0.00			
Spe		19.	0.00			
	er real property expenses not included in lines 4 or 5 of this form or on					
	Mortgages on other property	20a. \$	0.00			
20b.	Real estate taxes	20b. \$	0.00			
20c.	Property, homeowner's, or renter's insurance	20c. \$	0.00			
	Maintenance, repair, and upkeep expenses	20d. \$	0.00			
	Homeowner's association or condominium dues	20e. \$	0.00			
. Othe	er: Specify:	21. +\$	0.00			
	rulate your monthly expenses		0.070.00			
	Add lines 4 through 21.	\$	3,870.00			
	Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 10					
22c.	Add line 22a and 22b. The result is your monthly expenses.	\$	3,870.00			
3. Calo	ulate your monthly net income.	L				
	Copy line 12 (your combined monthly income) from Schedule I.	23a. <b>\$</b>	3,909.55			
	Copy your monthly expenses from line 22c above.	23b\$	3,870.00			
	100 - 100 -	<u> </u>	3,010.00			
23c.	Subtract your monthly expenses from your monthly income.	1.				
	The result is your monthly net income.	23c. \$	39.55			
For e modi	rou expect an increase or decrease in your expenses within the year af xample, do you expect to finish paying for your car loan within the year or do you exp fication to the terms of your mortgage?		e or decrease because of a			
ПΥ	es Explain here:					

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				_
Fill in this inforr	mation to identify your	case:		
Debtor 1	Boulos G. Saide			
<b>-</b>	First Name		ast Name	
Debtor 2 (Spouse if, filing)	Charlene R. Said		ast Name	
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT OF NEW	YORK, UTICA DIVISION	
Case number _ (if known)				☐ Check if this is an amended filing
Official Forr		an Individual Deb	tor's Schedules	12/15
f two married pe	eople are filing together	r, both are equally responsible for s	upplying correct information.	
obtaining money		le bankruptcy schedules or amenden n connection with a bankruptcy cas 519, and 3571.		
Sign	n Below			
Did you pa	y or agree to pay some	eone who is NOT an attorney to help	you fill out bankruptcy forms?	
■ No				
☐ Yes. N	Name of person			nkruptcy Petition Preparer's Notice, n, and Signature (Official Form 119)
•	lty of perjury, I declare e true and correct.	that I have read the summary and s	chedules filed with this declaratio	n and
X /s/ Bou	ulos G. Saide	Х	/s/ Charlene R. Saide	
Boulos	s G. Saide re of Debtor 1		Charlene R. Saide Signature of Debtor 2	

Date November 2, 2017

Date November 2, 2017

	Document Page 51 of 66	/1/ 10.32.05 DE	SC Main
Fill	ill in this information to identify your case:		
Del	ebtor 1 Boulos G. Saide		
<b>.</b>	First Name Middle Name Last Name		
_	ebtor 2 Charlene R. Saide pouse if, filing) First Name Middle Name Last Name		
Uni	nited States Bankruptcy Court for the: NORTHERN DISTRICT OF NEW YORK, UTICA DIVISION		
	ase numberknown)	-	eck if this is an ended filing
Su Be a	official Form 106Sum ummary of Your Assets and Liabilities and Certain Statistical In as complete and accurate as possible. If two married people are filing together, both are equally	responsible for supplying	
	formation. Fill out all of your schedules first; then complete the information on this form. If you all our original forms, you must fill out a new Summary and check the box at the top of this page.	re filing amended schedu	les after you file
Par	art 1: Summarize Your Assets		
			assets of what you own
1.	Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B	\$_	183,630.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$_	14,250.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$_	197,880.00
Par	art 2: Summarize Your Liabilities		
			liabilities unt you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column AAmount of claim, at the bottom of the last page of Part 1 of S	Schedule D \$ _	191,444.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e &chedule E/F	\$	0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j & chedule E/F	\$ <u></u>	67,467.00
	You	ur total liabilities \$	258,911.00
Par	art 3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income(Official Form 106I) Copy your combined monthly income from line 12 oSchedule I	\$_	3,909.55
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$ _	3,870.00
Par	art 4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the	e court with your other sche	dules.

- Yes
- What kind of debt do you have?
  - Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C§ 159.
  - Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

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Debtor 1 Debtor 2 Saide, Boulos G. & Saide, Charlene R.

Case number (if known)

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$ 5,424.88

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Tota	l claim
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$_	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$_	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$_	0.00
9d. Student loans. (Copy line 6f.)	\$_	32,232.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$_	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$ _	0.00
9g. <b>Total.</b> Add lines 9a through 9f.	\$	32,232.00

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Fill	in this inform	nation to identify your	case:						
Deb	otor 1	Boulos G. Saide	)						
<b>D</b>	0	First Name	Middle Name	Last Name					
	otor 2 use if, filing)	Charlene R. Said First Name	Middle Name	Last Name					
Uni	ted States Bar	nkruptcy Court for the:	NORTHERN DISTRICT	OF NEW YORK, UTICA DI	VISION				
	se number _								
(II KI						Check if this is an amended filing			
	<u>ficial Fo</u>		Affaina fan Indini	duala Filina fan	Danlanataa				
Sta	atement	of Financial	Affairs for Indivi	duals Filing for	Bankruptcy	4/16			
					equally responsible for supply y additional pages, write your				
(if kı	nown). Answe	er every question.							
Par	t 1: Give D	etails About Your Ma	rital Status and Where You	Lived Before					
1.	What is your	current marital statu	s?						
	<ul><li>■ Married</li><li>□ Not mar</li></ul>	ried							
2.	During the last 3 years, have you lived anywhere other than where you live now?								
-	Daining the last o years, have you have anywhere other than where you have now:								
	_	<ul> <li>No</li> <li>Yes. List all of the places you lived in the last 3 years. Do not include where you live now.</li> </ul>							
	Debtor 1 Pri	, ,	Dates Debtor 1	,	Address:	Dates Debtor 2			
	Doubter 1111	ioi riuurooo.	there	305101 21 1101 7	luui 000.	lived there			
<b>3.</b> state					nity property state or territory? Rico, Texas, Washington and Wi				
	■ No								
	☐ Yes. Ma	ke sure you fill out <i>Sch</i> e	edule H: Your Codebtors (Off	icial Form 106H).					
Par	t 2 Explain	n the Sources of You	r Income						
_	· ·								
4.	<ul> <li>Did you have any income from employment or from operating a business during this year or the two previous calendar years?</li> <li>Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.</li> <li>If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.</li> </ul>								
	□ No								
	_	in the details.							
			Debtor 1		Debtor 2				
			Sources of income	Gross income	Sources of income	Gross income			
			Check all that apply.	(before deductions and exclusions)	Check all that apply.	(before deductions and exclusions)			
	•	of current year until d for bankruptcy:	☐ Wages, commissions, bonuses, tips	\$0.00	■ Wages, commissions, bonuses, tips	\$48,298.60			
			☐ Operating a business		☐ Operating a business				

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	btor 1 btor 2 Sa	aide, Bould	os G. & Sai	de, Charlene R.	_	ase number (if known)		
				Sources of income Check all that apply.	Gross income (before deductions and	Sources of incommendation Check all that a		Gross income (before deductions
	r last calen nuary 1 to	ndar year: December :	31, 2016 )	☐ Wages, commissions, bonuses, tips	exclusions)	<b>1</b> Wages, com bonuses, tips	missions,	and exclusions) \$37,597.00
				☐ Operating a business		Operating a	business	
		dar year bei December :		☐ Wages, commissions, bonuses, tips	\$0.00	<b>D</b> Wages, combonuses, tips	missions,	\$55,439.00
				☐ Operating a business		Operating a	business	
	you are fili List each	ing a joint cas	se and you ha	ons; rental income; interest; ove income that you received to the from each source separate   Debtor 1  Sources of income	ogether, list it only once unde	er Debtor 1.	Ů	Gross income
				Describe below.	each source (before deductions and exclusions)	Describe below.	Jille	(before deductions and exclusions)
6.		Puring the No.	or Debtor 2's ebtor 1 nor D orimarily for a 90 days befor Go to line 7 List below e creditor. Do payments to	Made Before You Filed for some debts primarily consume ebtor 2 has primarily considersonal, family, or household the you filed for bankruptcy, did and creditor to whom you paid not include payments for do an attorney for this bankrupt on 4/01/19 and every 3 years	r debts? umer debts. Consumer debth purpose."  d you pay any creditor a total d a total of \$6,425* or more in the purpose support obligations, acy case.	of \$6,425* or more? n one or more paymer such as child suppor	nts and the t t and alimor	otal amount you paid that
	■ Yes.		90 days befor Go to line 7 List below e	ach creditor to whom you pai	d you pay any creditor a total d a total of \$600 or more and	the total amount you		
			payments for this bankrup	or domestic support obligation otcy case.	ns, such as child support and	d alimony. Also, do not	: include pay	ments to an attorney for
	Creditor	's Name and	l Address	Dates of paym	ent Total amount	Amount you still owe	Was this	payment for
7.	Insiders in which you	nclude your re are an office	elatives; any g er, director, pe	bankruptcy, did you make eneral partners; relatives of a rson in control, or owner of 20 rietor. 11 U.S.C. § 101. Include	a payment on a debt you on a general partners; partners	owed anyone who waships of which you are curities; and any mana	a general paging agent,	artner; corporations of including one for a
	■ No □ Yes.	List all paym	ents to an ins	ider.				
		Name and		Dates of paym	ent Total amount paid	Amount you still owe	Reason f	or this payment

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	otor 1 otor 2 Saide, Boulos G. & Saide, Charl		Cas	e number (if known)			
8.	Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider.						
	■ No □ Yes. List all payments to an insider						
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for t	t <b>his payment</b> tor's name	
Par	t 4: Identify Legal Actions, Repossession	s, and Foreclosures					
9.	Within 1 year before you filed for bankrupto List all such matters, including personal injury of and contract disputes.						
	■ No □ Yes. Fill in the details.						
	Case title Case number	Nature of the case	Court or agency		Status of the	e case	
10.	Within 1 year before you filed for bankrupto Check all that apply and fill in the details below		rty repossessed, fo	reclosed, garnish	∍d, attached, s	seized, or levied?	
	■ No. Go to line 11. □ Yes. Fill in the information below.						
	Creditor Name and Address	Describe the Property  Explain what happened	·	Date		Value of the property	
11.	Within 90 days before you filed for bankrup accounts or refuse to make a payment beca  ■ No □ Yes. Fill in the details.	tcy, did any creditor, incl		ncial institution, s	et off any am	ounts from your	
	Creditor Name and Address	Describe the action the	creditor took	Date a	action was	Amount	
12.	Within 1 year before you filed for bankrupto court-appointed receiver, a custodian, or ar		rty in the possessio	on of an assignee	or the benefit	of creditors, a	
	■ No □ Yes						
Par	t 5: List Certain Gifts and Contributions						
13.	Within 2 years before you filed for bankrupt	tcy, did you give any gifts	s with a total value o	of more than \$600	per person?		
	Yes. Fill in the details for each gift.						
	Gifts with a total value of more than \$600 p person	per Describe the gifts		Dates the gi	you gave fts	Value	
	Person to Whom You Gave the Gift and Address:						
14.	Within 2 years before you filed for bankrupt  ■ No □ Yes. Fill in the details for each gift or contr		s or contributions w	ith a total value of	more than \$6	00 to any charity?	
	Gifts or contributions to charities that total more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)		u contributed	Dates contri	you ibuted	Value	

Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster,

Case 17-61421-6-dd Doc 1 Filed 11/02/17 Entered 11/02/17 10:32:05 Desc Main Page 56 of 66 Document Debtor 1 Saide, Boulos G. & Saide, Charlene R. Case number (if known) Debtor 2 or gambling? No Yes. Fill in the details. Describe any insurance coverage for the loss Describe the property you lost and Date of your Value of property how the loss occurred loss lost Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Part 7: List Certain Payments or Transfers Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. No Yes. Fill in the details. Date payment or Person Who Was Paid Description and value of any property Amount of **Address** transferred transfer was payment Email or website address made Person Who Made the Payment, if Not You Brott Law Office, P.C. **Legal Fees** \$850.00 2 S Market St Johnstown, NY 12095-2319

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?

Do not include any payment or transfer that you listed on line 16.

	No	
	Yes. Fill in the details.	
Pe	rson Who Was Paid	Description and value

transferred payment Address transfer was made

of any property

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

Yes. Fill in the details.

Person's relationship to you

Description and value of property transferred

Describe any property or payments received or debts paid in exchange

Date payment or

Date transfer was made

**Date Transfer was** 

made

Amount of

Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)

Nο

Yes. Fill in the details.

Name of trust Description and value of the property transferred

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D-			Document	Page 57 c	01 66			
	btor 1 btor 2	Saide, Boulos G. & Saide, Charle	Case number (if known)					
Pa	rt 8:	List of Certain Financial Accounts, Ins	truments, Safe Deposi	t Boxes, and Sto	orage Units	s		
20.	sold, Inclu- hous	n 1 year before you filed for bankruptcy moved, or transferred? de checking, savings, money market, o es, pension funds, cooperatives, assoc No Yes. Fill in the details.	r other financial accou	nts; certificates	of deposit			
		e of Financial Institution and ress (Number, Street, City, State and ZIP	Last 4 digits of account number	Type of acco	ount or	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer	
21.	cash,	ou now have, or did you have within 1 y , or other valuables? No Yes. Fill in the details.	ear before you filed fo	r bankruptcy, ar	ny safe dep	posit box or other depos	itory for securities,	
		e of Financial Institution ress (Number, Street, City, State and ZIP Code)	Who else had ac Address (Number, and ZIP Code)		Describe	e the contents	Do you still have it?	
22.		you stored property in a storage unit o No Yes. Fill in the details.	r place other than you	r home within 1	year befor	re you filed for bankrupte	cy?	
		e of Storage Facility ress (Number, Street, City, State and ZIP Code)	Who else has or to it? Address (Number, and ZIP Code)		Describe	e the contents	Do you still have it?	
	Sto	rage Unit	None		Housel	hold Furniture	□ No ■ Yes	
Pa	rt 9:	Identify Property You Hold or Control	for Someone Else					
23.	Do yo	ou hold or control any property that so cone.	neone else owns? Incl	ude any propert	y you bori	rowed from, are storing t	for, or hold in trust for	
	_	No Yes. Fill in the details.						
	-	er's Name ress (Number, Street, City, State and ZIP Code)	Where is the pro (Number, Street, City Code)		Describe	e the property	Value	
Pa	rt 10:	Give Details About Environmental Info	ormation					
For	the pu	rpose of Part 10, the following definition	ns apply:					

- Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

Case 17-61421-6-dd Doc 1 Filed 11/02/17 Entered 11/02/17 10:32:05 Desc Main Page 58 of 66 Document Debtor 1 Saide, Boulos G. & Saide, Charlene R. Case number (if known) Debtor 2 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? Yes. Fill in the details. Date of notice Name of site Governmental unit Environmental law, if you Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and know it ZIP Code) 25. Have you notified any governmental unit of any release of hazardous material? Nο П Yes. Fill in the details. Name of site Environmental law, if you Date of notice Governmental unit Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and know it ZIP Code) 26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. No П Yes. Fill in the details. Case Title Court or agency Nature of the case Status of the **Case Number** Name case Address (Number, Street, City, State and ZIP Code) Part 11: Give Details About Your Business or Connections to Any Business 27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP) ☐ A partner in a partnership ☐ An officer, director, or managing executive of a corporation ☐ An owner of at least 5% of the voting or equity securities of a corporation No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. Describe the nature of the business **Employer Identification number Business Name** Do not include Social Security number or ITIN. Address (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Dates business existed Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. No Yes. Fill in the details below. Name Date Issued Address (Number, Street, City, State and ZIP Code) Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Boulos G. Saide /s/ Charlene R. Saide Boulos G. Saide

Official Form 107

Date

Signature of Debtor 1

November 2, 2017

November 2, 2017

Charlene R. Saide

Signature of Debtor 2

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Debtor 1 Debtor 2	Saide, Boulos G. & Saide, Charlene R.	Case number (if known)
Did you at ■ No □ Yes	ttach additional pages to Your Statement of Financial Affairs for Ind	ividuals Filing for Bankruptcy (Official Form 107)?
Did you pa	ay or agree to pay someone who is not an attorney to help you fill o	ut bankruptcy forms?
☐ Yes. Na	ame of Person . Attach the Bankruptcy Petition Preparer's Notice,	Declaration, and Signature (Official Form 119).

Fill in this info	ormation to identify your case:						irected	in this form and ir	n Form
Debtor 1	Boulos G. Saide			122	A-1Supp				
Debtor 2 (Spouse, if filing)	Charlene R. Saide			_     •	■ 1. Ther	e is no pres	umption	of abuse	
United States	Northern Dis Bankruptcy Court for the: Northern Dis Division	rict of New York	, Utica	<u> </u>	арр		nade un	nine if a presump der <i>Chapter 7 Me</i> m 122A-2).	
Case number								t apply now becauld apply later.	use of qualified
					☐ Checl	c if this is a	ın ame	nded filing	
Official I	Form 122A - 1								
Chapte	r 7 Statement of Your (	Current N	<b>l</b> lon	thly Inco	ome				12/1
a separate she number (if kno military service	e and accurate as possible. If two married pe et to this form. Include the line number to wh wn). If you believe that you are exempted fro e, complete and file Statement of Exemption Calculate Your Current Monthly Income	ich the additiona n a presumption	l infori of abu	mation applies. ( use because you	on the top do not ha	of any addit ve primarily	ional pa consum	ges, write your na er debts or becaus	me and case se of qualifying
	your marital and filing status? Check or	ne only.							
	married. Fill out Column A, lines 2-11.								
_	ied and your spouse is filing with you. I			•	·11.				
	ied and your spouse is NOT filing with y	-							
	ving in the same household and are not								
pe	ving separately or are legally separated enalty of perjury that you and your spouse a part for reasons that do not include evading	re legally separat	ted un	der nonbankrup	tcy law th	at applies or		•	
101(10A). F 6 months, a	verage monthly income that you received fro or example, if you are filing on September 15, th dd the income for all 6 months and divide the to ne rental property, put the income from that prop	e 6-month period value al by 6. Fill in the r	would l esult. I	be March 1 throug Do not include an	h August income a	31. If the amo	unt of yo	ur monthly income to be. For example, if be	varied during the
					Column Debtor 1			nn B or 2 or iling spouse	
	oss wages, salary, tips, bonuses, overti leductions).	me, and commi	ission	s (before all	\$	0.00	\$	5,424.88	
	y and maintenance payments. Do not inc B is filled in.	lude payments f	rom a	spouse if	\$	0.00	\$	0.00	
of you of from an roomma	unts from any source which are regular or your dependents, including child sup unmarried partner, members of your house ttes. Include regular contributions from a s include payments you listed on line 3	port. Include reg	gular d	contributions	\$	0.00	\$	0.00	
	ome from operating a business, profess	ion, or farm					· <del></del>	_	
	·			tor 1					
Gross re	eceipts (before all deductions)	· <u> </u>	0.00						
1	and necessary operating expenses	· <del></del>	0.00	Convibere :	r.	0.00	¢	0.00	
	onthly income from a business, profession, or	or tarm \$	.00	Copy here -> 3	P	0.00	\$	0.00	
6. <b>Net inco</b>	ome from rental and other real property		Deb	tor 1					
Gross re	eceipts (before all deductions)	\$ 0	.00						

Official Form 122A-1

0.00

0.00 Copy here -> \$

\$

0.00

0.00

0.00

0.00

Ordinary and necessary operating expenses

7. Interest, dividends, and royalties

Net monthly income from rental or other real property

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Debtor 1 Debtor 2 Saide, Boulos G. & Saide, Charlene R.

Case number (if known)

				Column A Debtor 1		Column Debtor 2 non-filin			
8.	Unemployment compensation				\$	0.00	\$	0.00	
	Do not enter the amount if you contend that the amount red Social Security Act. Instead, list it here:	ceived was a benefit	under th	ne					
	For you\$		0.00						
	For your spouse\$		0.00						
	<b>Pension or retirement income.</b> Do not include any amou under the Social Security Act.				\$	0.00	\$	0.00	,
10.	Income from all other sources not listed above. Speci not include any benefits received under the Social Security a victim of a war crime, a crime against humanity, or intern If necessary, list other sources on a separate page and pure	Act or payments re ational or domestic t	ceived as	S I.	\$	0.00	\$	0.00	
					\$	0.00	\$	0.00	
	Total amounts from separate pages, if any.			+	\$	0.00	\$	0.00	
11	Calculate your total current monthly income. Add lines	2 through 10 for				1 [		$\neg \vdash$	
	each column. Then add the total for Column A to the total		\$		0.00	+ -	5,424.88	<u> </u>	5,424.88
						J [		Total c	urrent monthly
Part	2: Determine Whether the Means Test Applies to	You						income	
12.	Calculate your current monthly income for the year. F	•			0	44			<b>5</b> 404 00
	12a. Copy your total current monthly income from line 11				Сору	/ line 11	nere=>	\$	5,424.88
	Multiply by 12 (the number of months in a year)							x 1	2
	12b. The result is your annual income for this part of the fo	orm					1	12b. \$6	5,098.56
13.	Calculate the median family income that applies to yo	u. Follow these step	os:						
	Fill in the state in which you live.	NY							
	Fill in the number of people in your household.	3							
	Fill in the median family income for your state and size of							. σ.   ψ	5,870.00
	To find a list of applicable median income amounts, go o form. This list may also be available at the bankruptcy cle		specified	ını	tne separat	e instruc	tions for this	S	
14.	How do the lines compare?								
	14a. Line 12b is less than or equal to line 13. On Go to Part 3.	the top of page 1, o	heck bo	x 1	T,here is no p	oresumpi	tion of abuse	9.	
	14b. Line 12b is more than line 13. On the top of Go to Part 3 and fill out Form 122A-2.	page 1, check box	2T,he pre	sui	mption of ab	use is de	etermined by	/ Form 122A-	2.
Part	3: Sign Below								
	By signing here, I declare under penalty of perjury that	at the information on	this state	em	ent and in a	ny attach	ments is tru	e and correct	
	X _/s/ Boulos G. Saide	X	/s/ Ch	arl	lene R. Sa	iide			
	Boulos G. Saide Signature of Debtor 1				e R. Saide of Debtor 2				
	Date November 2, 2017	Date	Ü		or Debtor 2 per 2, 201				
	MM / DD / YYYY	Date	MM / D	D	/ YYYY				
	If you checked line 14a, do NOT fill out or file Form	122A-2.							
	If you checked line 14b, fill out Form 122A-2 and file	e it with this form.							

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$245	filing fee
\$75	administrative fee
+ \$15	trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee \$1.717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html</a>#procedure.

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 17-61421-6-dd Doc 1 Filed 11/02/17 Entered 11/02/17 10:32:05 Desc Main

B2030 (Form 2030) (12/15)

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## **United States Bankruptcy Court** Northern District of New York, Utica Division

In	re Saide, Boulos G. & Saide, Charlene R.	,	Case No.		
		Debtor(s)	Chapter	7	
	DISCLOSURE OF COMPE	NSATION OF ATT	ORNEY FOR	DEBTOR	
1.	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016 compensation paid to me within one year before the filing be rendered on behalf of the debtor(s) in contemplation of	g of the petition in bankrupto	cy, or agreed to be pa	id to me, for services rend	ered or to
	For legal services, I have agreed to accept		\$	850.00	
	Prior to the filing of this statement I have received			850.00	
	Balance Due			0.00	
2.	The source of the compensation paid to me was:				
	■ Debtor □ Other (specify):				
3.	The source of compensation to be paid to me is:				
	■ Debtor □ Other (specify):				
4.	■ I have not agreed to share the above-disclosed competirm.	ensation with any other perso	on unless they are me	mbers and associates of m	y law
	☐ I have agreed to share the above-disclosed compensa copy of the agreement, together with a list of the name				firm. A
5.	In return for the above-disclosed fee, I have agreed to rea	nder legal service for all aspe	ects of the bankruptc	v case, including:	
	<ul> <li>a. Analysis of the debtor's financial situation, and render</li> <li>b. Preparation and filing of any petition, schedules, state</li> <li>c. Representation of the debtor at the meeting of credito</li> <li>d. [Other provisions as needed]</li> <li>other contested bankruptcy matters</li> </ul>	ment of affairs and plan whi	ch may be required;		otcy;
6.	By agreement with the debtor(s), the above-disclosed fee adversary proceedings and loss mitigation		ing service:		
		CERTIFICATION			
this	I certify that the foregoing is a complete statement of any bankruptcy proceeding.	agreement or arrangement f	for payment to me fo	representation of the deb	tor(s) in
	November 2, 2017	/s/ Jason A. Bro	tt		
-	Date	Jason A. Brott Signature of Attorn Brott Law Office	ıey		
		2 S Market St Johnstown, NY (518) 762-6160 bankruptcy@brownering to the state of th	Fax: (518) 762-47	75	